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Urban District of Rothwell.

Annual Report

OF THE

MEDICAL OFFICER OF HEALTH
(HUGH STEVENSON, M.B.)

THE

SANITARY INSPECTOR
(R. R. DICKER)

AND THE

HEALTH VISITORS
(Misses JOLLY and ABRAM).

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Rothwell Urban District Council.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1925.

HOUSES.

Area in Acres	..	..	..	..	..	..	6,024
Population (1925)	..	..	..	..	..	..	15,720
Number of Inhabited Houses in District end of 1925	..	..	..	..	..	..	3,505
Number of Families or Separate Occupiers (1921) Census..	..	..	..	..	..	..	3,359
Rateable Value for Poor Rate purposes, 1st April, 1925	..	..	..	..	..	..	£107,273
Sum represented by a Penny Rate	..	..	..	..	..	..	£377

BIRTHS.

Legitimate—	145	Males,	129	Females	}	..	..	277
Illegitimate—	3	„	3	„	}	..	..	17.62
Birth Rate (R.G.)	..	..	..	..	..	..	..

DEATHS.

Total—91 Males, 59 Females	..	..	..	..	..	..	150
Death Rate (R.G.)	..	..	..	..	..	..	9.54
Specify any unusual or excessive mortality during the year	..	..	..	..	..	..	Nil.
Zymotic Death Rate	..	..	..	..	..	..	0.25

INFANTILE DEATHS.

Deaths of Infants under one year of age per 1,000 births—	..	..	..	..	..	..
Legitimate 20; Illegitimate, 0	..	..	..	..	..	..	20
Infantile Death Rate	..	..	..	..	..	..	72

STAFF OF HEALTH DEPARTMENT.

*HUGH STEVENSON, M.B., C.M. Medical Officer of Health.
Medical Superintendent to the Rothwell, Hunslet and Methley Joint Isolation Hospital.

*†R. R. DICKER, C.R.S.I., Inspector of Meat and Food } Sanitary Inspector.
Superintendent of Cleansing.

*†Miss M. E. JOLLY, Cert.S.R.N., Cert. C.M.B., Cert. H.V. and S.N. } Health Visitor.

*†Miss E. ABRAM, C.M.B. Health Visitor.

†Miss W. M. WARD Clerk.

* Contributions towards salaries of these Officers paid under the Public Health Act.

† Full-time Officer.

Rothwell Urban District Council.

ANNUAL REPORT, 1925.

Summary of Nursing Arrangements in the Rothwell Urban District.

PROFESSIONAL NURSING IN THE HOME.

- (a) A Voluntary Nursing Association has been formed.
- (b) For Infectious Diseases special nurses are engaged at the discretion of the Medical Officer of Health.

MIDWIVES. There are 6 Midwives in the District. The Midwives are all in private practice and receive no subsidy from the Council.

CLINICS AND TREATMENT CENTRES. There are three Maternity and Child Welfare Centres in the District at Rothwell, Lofthouse, and Stourton, at which the Nurses and the Medical Officer attend weekly. The Schools Clinics are under the West Riding County Council.

HOSPITALS PROVIDED or SUBSIDISED by the LOCAL AUTHORITY or by the COUNTY COUNCIL.

- (1) Tuberculosis Sanatoria provided by the County Council.
- (2) Maternity Hospital. Provision by arrangement with the Leeds Maternity Hospital on the Medical Officer's request.
- (3) Children. Nil.
- (4) Fever. Joint Isolation Hospital.
- (5) Smallpox. Joint Area for Smallpox Hospital.
- (6) Other. Nil.

The only Hospital within the District is the Rothwell, Methley and Hunslet Joint Isolation Hospital, which is supported on a contributory basis by the three Authorities mentioned.

The Hospital is situated at Rothwell Haigh, near Leeds and the present accommodation consists of 45 Beds.

ANY INSTITUTIONAL PROVISION FOR UNMARRIED MOTHERS - Nil.

AMBULANCE FACILITIES.

- (a) For infectious cases. Ambulance from Hospital.
- (b) Non-infectious cases. Nil.

Rothwell Urban District Council.

ANNUAL REPORT

OF

MEDICAL OFFICER OF HEALTH, 1925.

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I now beg to submit to you, for consideration, my report on the health and sanitary condition of your district for the year ending December 31st, 1925.

If my memory does not play me false I have an impression that, throughout my last Annual Report, that for 1924, ran a vein of optimism, a feeling that, satisfactory on the whole as were the data on which that Report was based, we as a district were steadily but surely progressing and that the outlook for the immediate future was indeed promising.

There seemed to be much that had been accomplished and much that was on the eve of accomplishment and it will be my duty now to make a survey of the year's achievements and, in doing so, will endeavour to put before you, in their true perspective, the many varied and diverse factors which go to make up the Public Health Life History of a district. Whilst, at times, I may feel it my duty to act the role of the candid friend, whose privilege it is to speak his mind with the utmost freedom at all times, I have, at the same time, a shrewd impression that, when I have come to the end of my task, I will have found ample justification for the optimism above referred to. Lest it may be assumed, from what I have just written, that, for once, I am about to forsake criticism for praise I may hasten to add that I am of the opinion that mere commendation, even when to some extent merited, has a distinctly soporific tendency, whilst criticism, properly directed, acts as a spur and a stimulus to renewed effort.

In the sure belief that this is sound doctrine I shall endeavour in the course of this Report to dwell somewhat lightly upon your good deeds as Public Health Administrators whilst reserving to myself the right to frankly criticise either the Council as a Body, or the General Public, in any matters wherein I consider criticism is called for and will be helpful.

There can be no finality in health matters. If, sometimes, we seem to have attained the ideal, it is only to find that our horizon has been limited, and that what we thought was the desired goal was merely a step towards it. There can be no such thing as a really satisfactory Annual Health Report. Satisfaction is a comparative term and not an absolute one. No matter how well we may have done in a given year we might have done better and no matter what we achieve there is as much, or far more, that we have not yet reached, and so on we go, and this is what we term progress. It may be a truism that the ideal can never be attained, but it is equally true that the higher your ideal the further you are likely to travel and it is with this spirit that I invite you to carefully consider this, my effort, to put before you statistically, and with comment, the Public Health History of your District for the past year.

On the whole we have had a distinctly good year. Further on in this Report will be found a wealth of detail in tabular and statistical form but I should like at this stage to comment briefly on some of the more outstanding matters appertaining to the year's records and, in passing, to point out instances which redound to the credit of the District and at the same time to direct your attention to some matters, with a vital bearing on the health and welfare of your inhabitants, which are yet far from satisfactory.

In my last Annual Report I placed in the forefront of such matters two outstanding conditions—Infantile Mortality and Tuberculosis. In my opinion, it would not be unfair to let the degree of satisfaction derived from a survey of the year's work be determined by the position claimed by these two conditions in the statistical tables of incidence and mortality. They are both tremendous questions and that the incidence of each seems to be influenced by such a variety of factors makes the problem of dealing with them much more complex than would be the case were they dependent, as so many other diseases are, on one definite and removable cause. I am pleased to record that in the case of both Infantile Mortality and Tuberculosis I can report improvement as compared with the previous year. The number of deaths from Pulmonary Tuberculosis is little more than half that of 1924 though as against this, and perhaps of even greater importance and significance, is the fact that the number of new cases of Pulmonary Tuberculosis notified during 1925 exceeds that of the preceding year.

The number of Infant Deaths likewise during 1925 shows a pleasing remission thus entailing, as a natural sequence, a marked drop in the Mortality Rate for the year under present discussion. This is a matter which will receive detailed attention further on.

As will likewise be discovered further on in this Report the recorded deaths from Pulmonary Disease—Bronchitis and Pneumonia—are as high as ever and these diseases still stubbornly refuse to yield their position of pre-eminence in our Statistical and Mortality Tables.

Now by way of contrast let us turn for a moment to a brief consideration of a few of our other Vital Statistics from a survey of which genuine satisfaction may be derived.

In the first place, let me record the fact, to which I shall again refer later on, that for the first time in our recorded history our General Death Rate has fallen below ten per thousand, the actual figure being 9.54 as compared with a National Rate of 12.2. I think I may claim that this is really a remarkable figure for a district, purely industrial in character. Lest it may be assumed that our figure for 1925 is merely incidental—a mere flash in the pan—let me point out that our General Death Rate has been steadily but surely declining for a number of years and that, with few exceptions, each successive year succeeds in showing a slight declension as compared with its immediate predecessor and that our record figure for 1925 is merely the culmination of a series of gradually improving figures. I can find no possible solution of the problem except by the assumption that it reflects fairly accurately the higher plane of Sanitary and Public Health Administration to which we have now attained. There can be little doubt—I challenge contradiction—that the Rothwell of to-day is, from this point of view, far removed from the Rothwell of yesterday and in this, in my opinion, lies the explanation of our remarkably low Death Rate which must be, I contend, an index of a lessening degree of serious illness and therefore of a higher standard of physical fitness and well being of our inhabitants.

To continue the good news let me further point out that though our Zymotic Death Rate is on this occasion rather higher than of 1924 it is yet particularly good ; that there has been throughout the year a pleasing absence of infectious diseases of a non-notifiable character of which measles and whooping cough, with their well known mortality producing propensities, may be taken as outstanding examples ; that our record of Infectious Disease of a notifiable character has been phenomenally low, leaving our previous best far behind ; that, whilst no case of Typhoid Fever has been recorded

during the past three years, Scarlet Fever and Diphtheria have shrunk to almost unrecognisable dimensions, no more than ten cases of the former and five of the latter diseases having been recorded during the year, and yet only a few years ago we were considering the advisability of building additional accommodation at our Isolation Hospital! Is it a mere coincidence that the notable check in Diphtheria Incidence in this District coincides with the Privy Midden abolition period, aided by greatly increased activity in housing matters—inspection as well as building—with the natural sequel of relieving to, at least, some extent the overcrowding problem which, to my mind forms the basis of many of our Public Health troubles of which the incidence of this type of infectious disease is by no means the least?

From this brief and very incomplete commentary on some of the outstanding features of the year's record it may be gathered that, whilst on the whole there is much to please, there is at the same time ample opportunity provided for reflection. The whole question of Tuberculosis—incidence, propagation, treatment—bristles with disappointment. We seem to be moving so very slowly and the results on the whole seem so paltry; there are still so many lives of children lost under one year, particularly from so essentially removable a cause as Premature Birth, and, in conclusion, there are still far too many families without homes, whilst we are only now beginning to realise what an appalling factor overcrowding must really have been when we note that, in spite of the magnitude of your efforts in building new houses, the problem of overcrowding seems almost as insistent as ever.

I scarcely know whether it is worth my while to devote a separate paragraph to the District Birth Rate. The figure has shrunk to such modest proportions as to be almost microscopic and is scarcely worth detailed comment. In a word we have achieved what I should have regarded as the impossible by producing a rate for 1925 which eclipses even that of the record holder 1924. There was a time when I held the opinion that our lapse was merely momentary and that in time we would recover some of our lost prestige, but, when I note that each of the last four years—1922-1925—has in turn been the "lowest ever," I am filled with doubt and fear that even now we have not touched zero. Furthermore let it be noted that our gross total of births during 1925, is as well as the Birth Rate, the lowest on record and, worst of all, that for the third successive year our Rate has fallen below the National one, this being something that has never before befallen us in our history as a District. I have given the matter some consideration and cannot find a satisfying explanation of the startling and persistent decline in our Birth Rate during recent years. It seems as though the more our population increases the number of births decreases. The marriage

Rate does not seem to decline though possibly the marriage age has risen somewhat, and this may be a small contributory factor, but, to put the matter bluntly, it looks as though, as a District, our prolificacy is a declining force. It is obviously so nationally but what bothers me is that we, as a District, have not merely kept pace with the national declension but have outstripped it. It may probably be contended that this is really a blessing in disguise and that, in view of unemployment and low wages characteristic of the present day, the fewer children born the better. This view would have more to commend it if the Birth Rate was something that could be controlled like a tap, a big volume in good times and a small one in bad, but the Rate of Birth is a rather more complex business than that, and is something to a large extent outside economic control. In my opinion an inflated Birth Rate is a decidedly less evil than a too meagre one, and I am not sure we have not already crossed the line of safety. If this sort of thing goes on, we shall have to stop talking about pensions and of retirement at sixty-five and raise the age to seventy-five and, though this sentence may be regarded as flippant, those who care to consider the ultimate effect of a persistently falling Birth Rate may detect in it more than a grain of truth.

If, in view of the pessimistic paragraph just written, surprise be expressed that 1925 shows the distinctly satisfactory excess of 127 births over deaths I may at once explain that the credit of this achievement is entirely due to our uncommonly low total of deaths and in no way to our birth figures. The excess figure for 1925 is rather higher than that of 1924 which was 120, as compared with 127 in 1923, with 124 in 1922, and with 187 in 1921. With regard to the proportion of this excess of 127 claimed by the individual Wards in the District, I may point out that for three successive years the North Ward claims premier position with an excess of 37, second place being filled by the Carlton Ward with an excess of 28, whilst the Stourton Ward, as was also the case in 1924, brings up the rear with the exceedingly narrow margin of 15 births over deaths. For the second successive year also this particular Ward records the highest total of deaths of all the Wards in the District and just escapes by two the unenviable distinction of showing the lowest total of births. Undue significance must not, however, be attached to the 1924 and 1925 figures as probably this is but a passing phase and Stourton will once again prove a worthy competitor in the struggle for premier position in this particular Statistical Table.

A perusal of Table I. in this Report will substantiate what I have said regarding our Infectious Disease Notification figures. 1925 has indeed been a lean year so far as this type of disease is concerned, and has not only lived up to the excellent records established by 1923 and 1924 but has surpassed them, as I will show later on.

POPULATION.

The estimated population of the district at the end of 1925 as supplied by the Registrar General was 15,720 as compared with 15,610 in 1924, and the number of inhabited houses at the end of 1925 was 3,505, the number of inhabitants per house as shown by the 1921 Census being 4.65 as compared with 4.62 in 1911 Census, and with 4.78 in the 1891 Census, thirty-five years ago.

BIRTHS.

The total number of births registered in the entire Urban District during 1925 was 277 comprising 148 males and 129 females, as compared with 284, comprising 148 males and 136 females in 1924.

Of the total number of births registered during 1925, those registered in the Sub-Registration District of Rothwell, comprising the North, South and Stourton Wards, amounted to 161, of which 93 were males and 68 females, whilst the births registered in the Sub-Registration of Ardsley, comprising the Carlton and Lofthouse-with-Thorpe Wards, amounted to 116, of which 55 were males and 61 females.

BIRTH RATE.

The Birth Rate for the entire Urban District for 1925 was 17.62 per thousand inhabitants, as compared with 18.19 in 1924, with 18.69 in 1923, with 19.8 in 1922, and with 23.87 in 1921, the National Rate for the year under review being 18.3.

ILLEGITIMATE BIRTHS.

The Illegitimate Births registered during 1926 numbered six of which three were males and three females, as compared with ten in 1924, with three in 1923, and with ten in 1922. The figures for 1925 is equivalent to 1 in 92 or just over 1 per cent. of the total births registered, as compared with 1 in 27 or 4.7 per cent. in 1924.

DEATHS.

The total number of deaths registered in the entire Urban District during 1925 was 150, comprising 91 males and 59 females, as compared with 164 in 1924 and with 165 in 1923.

Of the 150 deaths registered, 85, of which 51 were males and 34 females, occurred in the Rothwell Sub-Registration District, whilst the remaining 65, of which 40 were males and 25 females, occurred within the Ardsley Sub-Registration District.

Let me now consider in rather more detail some of the diseases which in 1925 stand out prominently in our Statistical Tables as mortality producing factors.

The year 1925, like several of its immediate predecessors, shows that disease of an infectious character, exclusive of Tuberculosis, has played a very minor part in the production of our mortality figures, as I find that, during that particular year, from all forms of so called infectious disease, including Infantile Diarrhœa, we have but four deaths recorded out of the year's total of 150, about 1 in 38, proof, I think, that at this time of day this type of disease seems to have lost much of its former terrors, at least from a mortality point of view.

Influenza made its customary and anticipated visit during the early months of the year and, though widespread throughout the District, attacking the youngest and the oldest with strict impartiality, it, with comparatively few exceptions, was mild in character, with a pleasing absence of severe pulmonary complications, proof of which is found in the fact that, though comparatively few persons escaped its attention to some degree, only three deaths were recorded, equivalent to no more than 1 in 50 of the gross recorded deaths.

When we come to scrutinize the figures relating to deaths from Cancer during 1925 one derives a feeling of qualified satisfaction from the knowledge that the figure is at all events lower than that for 1924, 10 deaths being debited to the present year as against 16 for the preceding one, and during 1925 it is found that every fifteenth recorded death was due to Cancer as opposed to every tenth death in 1924.

As Cancer is a disease comparatively seldom found under 40 years of age—during 1925 all the deaths were those of persons over 45—I will limit myself to the Age Group 45-70 when we shall obtain a much more accurate conception of what this disease really means from a mortality point of view. The year 1924 showed that between every fourth and fifth death recorded in the above mentioned age group was due to cancer, whilst in 1925 the proportion had fallen to between every ninth and tenth. We may extract what comfort we can from the knowledge that the latter figure is a distinct improvement on the former one, but I am very much afraid this is merely accidental and is worth little or nothing as I don't, for one moment, believe that the incidence rate of Cancer is showing the least signs of abatement. It is common knowledge that Medical Science is now grappling with this problem with real earnestness and it is a justifiable assumption that only time is needed to throw light on the genesis of this terrible disease, this being the first and essential step in the direction of curtailment of its activities. There is, I am sure, hope for the future, but meanwhile our only safeguard appears to lie in the direction mentioned in my last Annual Report. Let no

one ignore the appearance of anything untoward but have the matter investigated and dealt with if, and when, found necessary. Fear on the part of the individual is the greatest danger—the tendency to hide and ignore rather than to face possible consequences. Let me again point out that probably 95 per cent. of our physical troubles are trifling and of no serious import, but in the remaining 5 per cent. danger may lurk, and that this danger may be cleared of much of its risk by prompt investigation and treatment and that the major portion of the danger lies not so much in the condition itself as in delay in having it investigated. Of the 10 deaths recorded during 1925, 8 were males and 2 were females.

In my last Annual Report I dwelt somewhat discursively on the question of deaths from Cerebral Hæmorrhage or “Stroke” and pointed out with some detail the profound significance of Degeneration of the Blood Vessels—Arterio-Sclerosis—and the far reaching and wide spread consequences accruing from this condition, of which Cerebral Hæmorrhage is an outstanding example. It is, therefore, unnecessary to repeat myself on this occasion, and I will, therefore, content myself by recording that during 1925, 13 deaths, equivalent to between every eleventh and twelfth deaths recorded from all causes, occurred.

To indicate the big influence which this disease exerts in the causation of deaths in persons from 45 years of age upwards let me point out that in 1925, 19 deaths, 10 males and 9 females, almost every fifth death recorded in our area above 45 years of age, was due to Cerebral Hæmorrhage or Arterio-Sclerosis and that, whilst good fortune may steer us clear of almost every other scheduled disease, there is one which, if we live long enough, none of us can escape and that is age, which, of necessity, carries with it a certain degree of Arterial Degeneration, with, as a penalty, increasing liability to conditions like Cerebral Hæmorrhage. Whilst we must all in the course of time fall victims, to a greater or less degree, to Arterio-Sclerosis with its accompanient risks, I may be, perhaps, allowed to point out that certain diseases, of which Alcoholism and Syphilis are bright and shining examples, may, comparatively early in life, produce the same condition, and that the risks associated with the condition, thus prematurely induced, are exactly the same as in the case when hardening of the arteries is the natural sequel to age. I need not stress the moral of this story beyond remarking that, whilst age is an unavoidable disease, something to which we must all submit, and reflecting no discredit upon the individual suffering from it, the same can scarcely be claimed for either of the diseases above-mentioned. Outraged nature never forgets and seldom forgives and though, as in the case, for example, of Syphilis, years of apparent immunity from

consequences may have lulled the victim into a sense of false security, he, one day, perhaps years afterwards, awakes to the fact that nature exacts the inevitable penalty which, in no small proportion of cases, takes the form of premature arterial degeneration, with all its significant and health shattering possibilities.

Deaths from Organic Heart Disease invariably loom largely in our Annual Mortality Statistics, and the present year is certainly no exception to this general rule, rather the reverse in fact, as I find that, with the exception of Pulmonary Disease—Bronchitis and Pneumonia—no individual disease compares with Cardiac Disease as a mortality producing factor. For example, our records show that, during 1925, no fewer than 21 deaths, 12 males and 9 females, were returned as due to Organic Heart Disease, this being equivalent to every seventh death recorded during that year at all ages and from all causes.

I sometimes wonder whether Organic Heart Disease does not deserve to be classed as almost, if not quite, the most pitiless and distressing of all diseases to which the human flesh is heir. There are, admittedly, other diseases which are undoubted dangers and which stand high as mortality producing agents, but they do not play with their victims, they get on with their work and get done with it, but with Cardiac Disease the case is different. Here you have a disease, insidious in its inception, often beginning in early life, progressing slowly but surely, and spreading its work perhaps over a long period of years during which its victim is progressively rendered less and less fit, the entire drama covering in many cases half or two-thirds of a life time. It would be an interesting and most instructive study to learn how many working days are in this country lost every year from this disease, and how much is sacrificed in earning powers by the victims of Heart Disease. The task of determining the relationship between an attack of Acute Rheumatism and the all too frequent resultant Valvular Cardiac Disease is yet another of the problems confronting Medical Science but there is obviously something seriously wrong when an attack of Acute Rheumatism in childhood has it in its power to determine that that child is doomed to be a semi-invalid for the remainder of its life and a potential industrial cripple.

With the exception of Deaths due to Pulmonary Disease, I have now passed under review each of the more prominent contributors to the Mortality Columns and I will, as a conclusion to this particular chapter on "Causes of Death," record some figures showing to what an astounding degree our Mortality Rate is influenced year by year by this particular type of disease. My comments will relate to Bronchitis and Pneumonia only, the question of Tuberculosis being left over for discussion later on. I will not

enlarge on the subject of Bronchitis and Pneumonia at this stage except statistically, as I shall have another opportunity of referring to them, and, furthermore, this is a subject upon which I have written much on previous occasions. For the moment let me record the following very significant figures. Out of our year's total of 150 deaths, at all ages and from all causes, I find that no fewer than 35 of these were returned as due to Bronchitis and Pneumonia. That it may be made quite clear and understandable what such figures really imply let me put it this way. During 1925, almost every fourth death which occurred in this District was due to one or other of those diseases, and to emphasize the significance of this I may further point out that one-third of such Pulmonary deaths were those of children under five years of age, implying, not only a high degree of susceptibility to this class of disease on the part of young children, but also that the Mortality Rate among children, so attacked, is uncommonly high. If I be allowed to bracket with deaths due to Bronchitis and Pneumonia those from that other outstanding Pulmonary Disease, Tuberculosis, we are confronted with the somewhat startling fact that during 1925 between every third and fourth person who died in the Rothwell Urban District died from Pulmonary Disease. Let it be borne in mind likewise that this state of affairs is practically a repetition of the experience of former years, go back into recorded statistics as far as you please.

A brief scrutiny of the Age Groups in the Mortality Tables for the year may not be altogether devoid of interest. As I have explained on former occasions, the ideal condition of things would be to find the earlier age group columns deserted, and the later ones overcrowded; the fewer the deaths, say from twenty-five to forty-five, the more can be afforded from 65 years upwards, and, so far as 1925 is concerned, it looks as though the older age groups have, on this occasion, risen to a full sense of their responsibilities with the result that they have left even their commendable record of the previous year a considerable way behind. Confirmation of this is obtained when I reveal the fact that, during the year in question, 64 deaths out of 150, equivalent to between every second and third of the year's total, were those of persons over 65 years of age, whilst no more than 18, or between every eighth and ninth, were those of persons between 20 and 45 years of age. As a fitting conclusion to this dissertation on Mortality I shall now give some figures relative to the extraordinary high percentage of people who have died during the year over seventy years of age. It is interesting, for example, to note that, in 1925, between every fifth and sixth death was that of a person between seventy and eighty, that every sixteenth death which occurred was that of a person between eighty and ninety, and that, in short, every fourth recorded death during 1925 was that of a person over seventy years of age. These

figures are not materially different from those presented by the two previous years and, if this sort of thing goes on, it will soon be regarded as bad for form any inhabitants of this District to die under seventy, as by so doing they will feel they they are letting the reputation of their District down.

DEATH RATE.

The District Death Rate for 1925 was 9.54 per thousand inhabitants as compared with 10.50 in 1924, with 10.56 in 1923, with 10.06 in 1922 and with 11.80 in 1921.

The Death Rate for 1925, which compares very favourably with the National one, 12.2 is, as I have already pointed out, the lowest for the District in its recorded history.

INQUESTS.

14 inquests were held in the District during 1925, and the following Table shows the number of Inquests held in the various Wards during the year in question.

North Ward.	South Ward.	Stourton Ward.	Lofthouse-with-Thorpe Ward.	Carlton Ward.	Total.
4	2	3	3	2	14

ZYMOTIC DISEASES.

During the year 1925, four deaths were recorded as due to Zymotic Disease, as compared with two in 1924 and with four in 1923, and the causes of these Zymotic Deaths were as follows:—1, Measles, in the South Ward; 1, Whooping Cough, in the Lofthouse-with-Thorpe Ward; and 2 cases of Infantile Diarrhoea of which one each occurred in the North and Lofthouse-with-Thorpe Wards.

ZYMOTIC DEATH RATE.

The Zymotic Death Rate for 1925, 0.25 per thousand inhabitants, though slightly higher than that of 1924, 0.13 is yet exceptionally low, and compares favourably with that of 1923 which was 0.25, with 0.57 in 1922, and with 0.58 in 1921. As this particular Rate embraces all deaths from every form of Zymotic Disease, inclusive of Infantile Diarrhoea but exclusive of Tuberculosis, it is a fairly reliable index to the prevalency or otherwise of this class of disease in the District, and, so far as 1925 is concerned, affords ready proof of the comparative freedom from Infectious Disease enjoyed by the District during that year.

NOTIFICATION OF INFECTIOUS DISEASE.

During 1925, a gross total of 85 notifications was recorded as compared with 123 in 1924, with 106 in 1923, and with 216 in 1922. The full return for the present year is as follows :—Scarlet Fever, 10 ; Diphtheria, 5 ; Erysipelas, 12 ; Pulmonary Tuberculosis, 18 ; Non-Pulmonary, 10 ; Pneumonia, 30.

The cases notified were allocated to the various Wards in the following proportions :—North Ward, 12 ; South Ward, 14 ; Stourton Ward, 12 ; Lofthouse-with-Thorpe Ward, 22 ; Carlton Ward, 25.

Of the two following Tables, No. 1 gives particulars of the number of cases of Infectious Diseases belonging to each Ward during 1925 with comparative figures for the previous four years, whilst No. 2 shows the notified cases of Infectious Disease in Age Groups.

TABLE 1.
DETAILS OF INFECTIOUS DISEASES IN EACH WARD AND YEAR.

	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Erysipelas.	Pulmonary Tuberculosis.	Other Tuber- cular Diseases.	Puerperal Fever.	Typhus Fever.	Encephalitis Lethargica.	Poliomyelitis.	Pneumonia.	Ophthalmia.	Total 1925.	Total 1924.	Total 1923.	Total 1922.	Total 1921.
North Ward ..	4	0	1	2	2	1	0	0	0	0	2	0	12	25	24	58	15
South Ward ..	1	0	0	0	2	5	0	0	0	0	6	0	14	20	11	40	16
Stourton Ward ..	2	0	2	0	4	0	0	0	0	0	4	0	12	23	28	23	13
Lofthouse Ward ..	1	0	2	3	5	1	0	0	0	0	10	0	22	29	18	32	20
Carlton Ward ..	2	0	0	7	5	3	0	0	0	0	6	0	25	23	21	62	61
Workhouse..	0	0	0	0	0	0	0	0	0	0	0	0	0	3	2	0	0
Isolation Hospital ..	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1
Total 1925..	10	0	5	12	18	10	0	0	0	0	30	0	85	123	106	216	126
Total 1924..	49	0	10	5	16	5	0	0	0	0	38	0					
Total 1923..	41	0	4	4	27	2	0	0	1	0	24	3					
Total 1922..	124	2	41	8	12	5	0	0	0	0	23	1					
Total 1921..	52	2	22	8	19	4	0	0	1	0	17	1					

TABLE 2.
INFECTIOUS DISEASES NOTIFIED—IN AGE GROUPS

Name of I.D.	0-1	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65 up	Totals.
Diphtheria ..	0	0	0	0	1	2	2	0	0	0	0	0	5
Scarlet Fever..	0	0	1	1	0	4	1	0	2	1	0	0	10
Enteric Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0
Puerperal Fever ..	0	0	0	0	0	0	0	0	0	0	0	0	0
Pneumonia ..	0	1	3	2	2	3	2	5	3	2	3	4	30
Encephalitis Lethargica ..	0	0	0	0	0	0	0	0	0	0	0	0	0
Erysipelas ..	0	0	0	0	0	0	0	1	2	3	5	1	12
Ophthalmia Neonatorum ..	0	0	0	0	0	0	0	0	0	0	0	0	0
Pulmonary T.B. ..	0	0	0	0	0	1	1	5	10	1	0	0	18
Non-Pulmonary T.B.	0	1	0	0	1	3	1	1	2	0	1	0	10
	0	2	4	3	4	13	7	12	19	7	9	5	85

ISOLATION HOSPITAL.

During the year 1925, the number of cases admitted to the Isolation Hospital from the Rothwell Urban District was only 14, as compared with 50 in 1924, with 42 in 1923, and with 160 in 1922. and comprised ten cases of Scarlet Fever, and four of Diphtheria.

The following Table shows the number of cases admitted to the Isolation Hospital from the Rothwell Urban District during the year along with the corresponding figures for the past three years.

TABLE No. 3.

NO. OF CASES ADMITTED TO THE ISOLATION HOSPITAL.

	1925			1924			1923			1922		
	Scarlet Fever.	Typhoid Fever.	Diphtheria	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.	Scarlet Fever.	Typhoid Fever.	Diphtheria.
North Ward ..	4	0	1	18	0	1	16	0	0	45	1	2
South Ward ..	1	0	0	8	0	1	3	0	1	35	0	0
Stourton Ward ..	2	0	1	5	0	1	14	0	2	9	0	3
Lofthouse Ward	1	0	2	5	0	5	2	0	1	19	0	2
Carlton Ward ..	2	0	0	6	0	0	1	0	0	10	0	33
Isolation Hos.	0	0	0	0	0	0	2	0	0	1	0	0
	10	0	4	42	0	8	38	0	4	119	1	40

CHILD AND MATERNAL WELFARE.

INFANT MORTALITY.

When one considers how much has been written and spoken on this subject in late years, and when one contemplates likewise the magnitude of the schemes, multitudinous in number and almost bewildering in their diversity, formulated for the purpose of safeguarding Child Life, one almost begins to wonder why children ever die and why the term "Infant Mortality" has not, by this time, almost ceased to have a meaning. That, in spite of our almost incredible efforts, we still find deaths of young children figuring prominently in our Mortality Tables, and that even to-day figures can be produced showing that every seventh or eighth child born in any given year fails to survive its first year of life, is eloquent testimony to the difficulties of the problem and makes us wonder how in the old unregenerate days when the only right a child seemed to possess was the right to be born children ever lived at all. Though the heading of this chapter may suggest that the subject it professes to deal with is very definite and indeed circumscribed the fact

remains that it encroaches upon practically every phase of health administration : in other words, that every factor appertaining to the incidence and dissemination of disease exerts a very direct influence upon this question of Child Life and that any essay on Child Welfare must, therefore, have almost undefinable limits and must give licence for the discussion of many matters of a domestic or social character, as opposed to actual definable disease, which at first sight may appear to be foreign to the point under immediate discussion. Taking advantage of what I, for one, consider to be the real purpose of such a dissertation, it will in no wise surprise me to find that, when I have completed this chapter, I have really, under the guise of a discussion on Child Life, been making an appeal to parents, and particularly to mothers. I have been much impressed of late years by the changed attitude, on the part of mothers, regarding this question of Child Welfare. Those of the present generation seem to be more directly and personally interested in questions relating to their children's health and well being and more anxious to acquire knowledge of matters appertaining to health than were the mothers of a previous generation. It is all a question of education and those mothers, whose lot it was to live in an age prior to the inauguration of Child Welfare Schemes, lacked most of the opportunities which the mothers of to-day find ready to hand. So far as my observation teaches me there has been, in recent years, a general forward movement, as regards health questions, affecting every section of the community. People now-a-days are interested in health matters, and appear to have a much more profound knowledge of the conditions governing health and of those pre-disposing to disease. They are, for example, more appreciative of the advantages of better houses, better quality of food, hygiene in the home, and a higher standard of sanitary administration, and in this craving for a higher standard of living, and the insistent demand for it, is found the real motive underlying the inception of most of our schemes of social amelioration, of which the one I am now discussing, namely the safe-guarding of the health of young children, is one of the most significant.

One of the indirect, and perhaps unexpected, consequences of the establishment of Infant Clinics has been the development of a commendable spirit of rivalry among mothers. We are told, by those who ought to know, that the cultivation of a spirit of meekness is a christian virtue and that we ought to purge our minds of any feeling of envy, but I must confess to a sneaking regard for a mother who is envious of the superiority, in any respect, of other children over her own and whose pride refuses to be appeased until her child outstrips all others. The congregating of a large number of mothers and children week by week offers obvious opportunities for comparisons, and, as no mother worthy of the name is content for one moment for

her child to bear unfavourable comparison, from any point of view, with any other, the result is that, in the case at all events of those children who attend the various Clinics, the standard of cleanliness, both of person and clothing, and the degree of tidiness of the child generally have steadily improved until it has now reached a distinctly high level. This is not in any sense flattery but is, as the result of close observation, my deliberate and considered opinion.

Again, as showing the deep personal interest in the welfare of her child which characterises many of our modern mothers, let me draw attention to another little matter which attendance at the Clinics has brought to my knowledge. I have been over and over again impressed by the anxiety many mothers display as to the progress, or otherwise, their children show regarding the question of gaining weight, and how pleased they are if the weight card shows gain and how disappointed if it shows loss. The proudest mother apparently is the one who possesses the heaviest child, and the most disconsolate one is she whose child has failed to hold its own, in the matter of weight, with that of her neighbour's. The fact that bulk does not necessarily imply excessive vigour or that health and absence of fat are not, of necessity, antagonistic factors escapes notice, but the moral I wish to point is that the anxiety thus displayed is indicative of that spirit of maternal pride which counts for so much in the present day effort to raise the standard of Child Life and, as a consequence, to combat the rate of Infant Mortality which, even after years of stressful effort, still remains distressingly high. Even if the establishment of Infant Clinics had done nothing more it has certainly been the means of rousing a marked degree of personal interest, on the part of the mothers, in the methods of rearing children, and has made them much more inquisitive regarding matters which have a bearing and influence on the health of their children and, from my own observations, I should say that, as a result of Clinic teaching, the standard of clothing, cleanliness, and care of children generally, has risen fifty per cent. during the past few years. It is all to the good, from the point of view of success in the future, that in this work the mothers, by thus creating in their minds an interest in the welfare of their own children, are ably abetting the efforts of the officials and are made to feel that they are not merely onlookers but are active helpers.

Whilst on the whole we have in this District a most gratifying average weekly attendance at our Clinics we find, unfortunately, that there is a percentage of mothers who refuse to take advantage of the opportunities offered and the pity is that, whilst the regular attenders represent for the most part the careful and attentive mother, who really needs little supervision, the absentees, on the other hand, are composed largely of the careless and indifferent, who are the ones, above all others, most in need of advice and help. This is one outstanding and obvious defect in Child Welfare Work

so far as Clinics are concerned, indifference on the part of those who most need help with the inevitable and lamentable consequence that it is the children who suffer in the long run.

Now let us pass from the question of Clinics to a consideration of the Infant Mortality Rate for the year. This Rate, which represents, as you will know, the number of children who have died during the year before attaining the age of twelve months per thousand births, depends for one of its factors on the number of children born during the year. Those of you who may recall my comments on the Birth Rate earlier in this Report will know that, if we are placing any dependence on the Birth Rate so far as helping us in this matter of Infant Mortality, we are certainly leaning upon a broken reed. So far as Birth Rate is concerned the glory has indeed departed from this District, and if I can correctly read the signs of the times, has departed for good, so that in our efforts, in the future, to progressively reduce the Infant Mortality Rate, we will show wisdom in ignoring the Birth Rate as an assistant factor.

In view of the fact that, during 1925, the Birth Rate, one of the contributory factors, has let us down so badly it is doubly comforting to learn that the Infant Mortality Rate shows, nevertheless, a decided drop from the previous year. During 1925, 277 children were born within the Rothwell Urban District, and as twenty infants died during the currency of that year under the age of twelve months, we find that our Mortality Rate is represented by the figure of 72 deaths per 1,000 registered births, as compared with 112 in 1924, with 82 in 1923, and with 90 in 1922. Not only is our Rate for the current year appreciably lower than those of the three preceding years, but it is in fact, with one exception, 1919, which touched low water mark with a Rate of 61, absolutely the lowest on record for the District so far back as statistics are available, and is 20 per thousand under the average of the preceding five years. It is a matter of profound satisfaction that this Rate, unsurpassed, if indeed equalled, in importance and significance by any other statistic calling for treatment in an Annual Health Survey, should on this occasion show such a marked declension.

We may perhaps be so gratified by our improved figure for 1925 as to fail to grasp the real significance of it. Improved though it be it yet means that, during that particular year, between every seventh and eighth death recorded at all ages was that of an infant under one year and, to still further emphasize the appalling waste in Child Life that goes on year by year, let me add that, during 1925, every fifth recorded death in this District was that of a child under five years of age. It is difficult to state what one would consider a

“satisfactory” Death Rate in the case of children under five—we can never hope to reach the stage at which no child will die under that age—but what we can safely say is that, whatever the desired standard may be, we are still at the present day far removed from it.

I have up to this point been so engrossed in the question of the Rate of Mortality that I have omitted to point out that there is something equally deserving of attention and that is the causes which are responsible for this Rate, as it is self evident that any endeavour to reduce the Rate can only materialize by dealing with the causes which give rise to it.

We can first of all dismiss Infectious Disease, notifiable and otherwise, from our calculations as I find that, during 1925, apart from two deaths from Infantile Diarrhœa—which ranks as one of the Zymotic Diseases—not a single death under twelve months was debited to any form of so called Infectious Disease.

As a matter of fact, in this question of causes of death in young children, history repeats itself, and investigation leaves us in the possession of exactly the same facts year after year. There are two conditions which, with monotonous insistence, claim pride of place as mortality producing factors in young children, and which, with never failing regularity, leave all other competitors far behind. One of the two, and the one with which I shall deal first, is Pulmonary disease as exemplified by Bronchitis and Pneumonia. For example, I find that, during 1925, rather more than every third death under one year was due to this disease and, if to those deaths under one year be added those of children under five, we find that, during 1925, every third death occurring in this District from Bronchitis and Pneumonia at all ages was that of a child under five. Investigation reveals the further fact that, during the year, of all deaths registered in the Rothwell Urban District, from all causes and at all ages, every fourteenth death was that of a child under five years and was due to Bronchitis and Pneumonia. Truly, Pulmonary Disease has not acquired its fearsome reputation without just cause.

On several previous occasions, I have endeavoured to show that this question of Pulmonary Disease in young children was indisputably associated with unhealthy housing conditions, and I do not intend for that reason to labour this side of the question on the present occasion. Housing, obviously, has a profound influence—for good or for evil—on the standard of health of children and their consequent susceptibility to this type of disease. Here you have a ready answer to the question as to why so many of our children suffer from anæmia, are ill-developed and puny in physique, and why Rickets is so prevalent. The best safe-guard children possess against attacks of disease, of which Pulmonary Disease is a

striking example, is by ensuring them healthy surroundings, and here we are back again at the same old stumbling block, housing shortage, with its, by now, well known sequence of events, overcrowding, ill health, disease, and mortality statistics and it almost appears as though, no matter what condition one starts to discuss, we seem sooner or later to pull up with a bump against the same old snag, namely, housing troubles.

The other of the two conditions to which I referred a short time ago as being so prominently concerned in the causation of deaths in infants is Premature Birth. In report after report I have bewailed the fact that so many infant deaths occurred from this cause and contended that, if we could eliminate this one factor from our calculation, our Infant Mortality Rate would well nigh disappear. I have endeavoured time and again to point to conditions which pre-disposed to this matter of birth of premature children, and have emphasized the fact that those deaths really belong to the category of "Preventable." On the present occasion I rejoice to note that the proportion of deaths under one year from Prematurity has fallen appreciably and that, as a consequence, our Mortality Rate exhibits a corresponding drop as shown by the fact that, during 1925, the Infant Deaths from this cause are equivalent to no more than 30 per cent. of the whole, the average Rate for the preceding three years being a little over 50 per cent. The regrettable feature of deaths of this type is that little or nothing, apparently, can be done to prevent them, the damage being done before birth, and no amount of post-natal attention is going to do much good. As I have so often pointed out before the fault, in the vast majority of cases, lies with the mother and, from that stand-point, Child Welfare Work, as we understand it, is powerless to lessen the number of such deaths by a single one. If the mother is to blame then obviously it is with the mother, before the birth of her child, we must deal, and we are endeavouring in this District to grapple with this problem of the Premature Birth of unfit and debilitated children by means of Ante-natal Clinics, to the establishment of which I referred in my Report for 1924. There are obvious difficulties facing those engaged in this particular kind of work and progress is of necessity slow, but we have at least made a satisfactory beginning, and, as time passes, I have little doubt we shall find many women, as confidence increases, taking advantage of these Clinics, which in my opinion offer the only real solution of the problem as to why, year after year, such a distressingly high number of deaths should be recorded in this District from such an essentially removable cause as Congenital Debility, arising from Premature Birth.

Accepting as fact the statement that Premature Birth with the natural sequel of Congenital Debility is directly traceable to some inherent defect in the mother during the period prior to her confine-

ment, one's mind instinctively turns to a consideration as to the why and the wherefore of this maternal defect. In our own District personal observation has shown me at least two factors which, it seems to me, ought to be debited with a share of the responsibility. One is that many of our girls don't get a chance, prior to marriage, of acquiring that vigour and fitness essential to healthy motherhood. Although, for the life of me, I cannot see any remedy, it is, nevertheless, to me a matter for keen regret to note how young girls are pitchforked into hard work from the moment they leave school and are kept hard at it until marriage relieves them of their drudgery and hard work only to endow them with other worries and responsibilities inseparable from that state. What I mean is that girls, under such conditions, cannot hope to arrive at the marriage age equipped with that health and vigour essential for the birth of healthy children, as would have been the case if, during the period of adolescence—the intermediate stage between girlhood and motherhood—in other words the building up period—they had been permitted, by reasonable opportunities for rest and leisure, to conserve their strength and energy instead of using them up by hard work and thus pre-disposing to the birth of premature children and of children lacking in the necessary vitality and stamina to enable them to cope successfully with the undoubted dangers and trials associated with the first year of life.

The other factor to which I referred above as being involved in this question of the birth of debilitated children owing to prematurity is that, in a District such as this, most of our married women have to work hard domestically until, in many cases, the very eve of confinement. This obviously is, in the majority of cases, unavoidable, but, in my quest for an explanation as to why so many deaths are year after year in this District debited to Prematurity, I cannot ignore this as one of the contributory causes.

I sometimes wonder if we always realise to what an extent health is influenced by such matters as recreation, pleasure, and enjoyment generally, or to what an extent women are debarred, on account of their maternal duties, from participating in many of those lighter pleasures which their men folk find so necessary for their well being. I fear we are far too apt to assume that a woman finds, or ought to find, all the pleasures she desires in looking after her home and family, and fail to understand that a woman's work, just as that of a man, becomes burdensome and monotonous in the absence of change or distraction, and that this has an indirect, but very real, influence on their health and well being generally. When I note, as I have daily opportunities of doing, how women toil and slave in their homes, devoting themselves whole-heartedly to the interests of their family, neither asking for, nor evidently expecting, any relief from what must, in many cases, be downright

drudgery I must confess to a feeling of admiration for their self denying service and, at the same time, a feeling of regret that, in many cases, impaired health is the price they pay for devotion to duty. There can be little doubt that a judicious leavening of work by leisure and recreation is essential for the maintenance of a healthy body, and that this axiom is equally applicable to women as to men.

A woman is generally compelled, owing to circumstances, to seek her pleasures and recreation nearer home than are men and, from this standpoint, I feel that a District such as ours, whose motto claims to be "Progress" ought to possess a Public Park and suggest that the provision of such an amenity would indeed be a boon and a blessing, particularly to the women folk, who would thus find, within easy reach of their homes, a means of escape now and again from the monotonous routine of their home duties, and a something which, at the same time, would have undoubted health giving powers. The provision of such a place, which is bound to come ultimately, would, in short, be not only a source of pleasure and enjoyment to many whose opportunities, from this point of view, are indeed limited, but would really at the same time be a sound Public Health Investment. I do not presume to present this suggestion as an urgent matter but merely as one which, on its merits, deserves consideration at your hands in, I trust, the not too far distant days to come, and is one moreover which may have a more profound influence on the health of the community, and incidentally on this very question of Child and Maternal Welfare, than might, at first sight, be apparent.

Although, strictly speaking, this particular chapter is supposed to deal exclusively with children under one year of age I cannot resist the temptation to use the opportunity thus presented for the purpose of introducing a few remarks concerning the younger section of school children. The compulsory school attendance age is five years but, in this District, a very large number of children under that age are school attenders. I am well aware that diverse opinions are held regarding the question of attendance at school of children of tender years but, as we are all entitled to our own opinions, I grasp this opportunity of expressing mine, and it is that, granted a reasonable standard of maternal care and supervision—this qualification is important—a young child is infinitely better at home than at school until it attains the age, not only of five, but of six and had I the power the school age would be raised from five to six to-morrow. I am the strongest possible believer in the policy of letting a child's mind lie fallow up to the age of six or thereabouts. This does not mean that a child's brain is not developing meanwhile or that it is learning nothing. Far from it. Even if a child did not enter a school building until it was six years of age it is learning

all the time and the best kind of knowledge it can absorb is that which is provided by association with its mother without the aid of school books or school teaching. A child's character is developing even at that early age and, given the right kind of mother, the results of her teaching, and of her influence in character moulding, will transcend in value that of any school teacher however gifted. If you have the right kind of home then no child should be permitted to attend school until it has reached the age of six years and, though I am in no sense a betting man, I am prepared nevertheless to wager that a child of reasonably average intelligence starting school life at the age of six will be as advanced in general knowledge of school subjects at the age of fourteen as would be the case had he or she attended school from the age of four. What I have just written presupposes a reasonably good home and a careful mother; otherwise I frankly admit that from many points of view a child, even of such tender years, is better at school, though in this case the suitable word to use is not "education" but rather "school nursery," and from this standpoint—an undesirable standard of home conditions—much may legitimately be urged in favour of early school age, but such cases, in my view, provide the only possible exception to the general rule, which I have just enumerated, namely, the exclusion of children from school until the age of six.

Another aspect of this case and I have finished. In this district, as in many others, there seems to be a sort of friendly rivalry between the various schools as to which can show the highest average attendance for the year or for some other stated period. From some points of view this may be commendable, but my own observation has taught me that making school attendance a sort of fetish, the effort to induce attendance under fear of consequences, results in many young children attending school who, for health reasons, would have been much better at home. I do not for a moment suggest that it is the wish of the School Authorities that children, who are ill, should be forced to school but merely wish to point out that such is the ultimate result, in many cases, in which the parent is presented with the alternative of Medical attendance and certificate or sending their child to school. Not all illnesses are serious enough to justify the expense of medical attendance and yet may entail risk to the child if sent to school, as for example, in the case of an ordinary catarrhal cold and many other minor ailments which might be mentioned. Again, many of our young children have to travel to school from a distance regardless of weather, and not all children, I may point out, are provided with wraps and waterproofs, nor are their boots in all cases above suspicion, and many a time my heart has bled at the sight of some young child making its way to school without any protection against drenching rain. This is by no means an overdrawn picture and, whilst it may—or may not—be good for education, it is beyond doubt bad for health.

Although no one can outstrip me in my profound belief in the value of education or in my admiration of the excellent work our schools and teachers do, I place health first, and most strongly deprecate sending children to school under conditions which expose them to risk, and my advice to parents is to use their discretion in regard to keeping such children away from school and hang consequences.

Let me, at this point, again remind you that the Reports of your two Health Visitors are incorporated in this one and show in detail the character and extent of their work, as also the work done at the three Infant Clinics Centres operating in the District, and, at the same time, I must again on this occasion formally but gratefully acknowledge the valued and disinterested work performed by the Lady Voluntary Workers in connection with those Clinics.

In conclusion I cannot do better than quote verbatim the concluding paragraph in the chapter on Child Welfare in my 1924 Report which is as applicable to-day as it was when originally written :—

“ As a last word on this subject of Child Welfare I must draw attention to the fine work accomplished during the year by the three District Nurses working in the District under the Voluntary Nursing Association. As a private practitioner, no less than as Medical Officer of Health, I desire to pay tribute to the able and devoted manner in which they have worked throughout the year, work, I may add, which has no small bearing on the very question I am discussing in this Report, namely, the incidence of disease and mortality.”

DIARRHŒA.

The statistics of this disease are recorded up to two years of age only, and our records for 1925 show that only two deaths, one each in the North and Lofthouse with Thorpe Wards were registered during the year, as compared with two such deaths in 1924.

The estimated Death Rate from Diarrhœa (under two years of age) during 1925 for the District per thousand inhabitants was 7.2, as compared with a National Rate of 8.4.

WHOOPING COUGH.

Comparatively few cases of Whooping Cough occurred in the District during 1925, and only one death, in the Lofthouse-with-Thorpe Ward, was recorded, thus giving us a Death Rate for this disease of 0.06 as compared with the National Rate 0.15.

MEASLES.

As in the case of Whooping Cough, Measles was but sparingly present in the District during 1925 as might have been expected after epidemic outbreaks in 1923 and 1924. One death from this disease, in the South Ward, was recorded, with a Death Rate of 0.06 as opposed to the National Rate of 0.13.

OPHTHALMIA NEONATORUM.

As was the case likewise in 1924, no case of this disease was notified during 1925.

ENCEPHALITIS LETHARGICA.

No case of this disease has been recorded in the District during either 1924 or 1925, and I might add that, since Encephalitis Lethargica became notifiable, only five cases have been notified, three in 1920, one in 1921, and one in 1923, of which three proved fatal.

SCARLET FEVER.

During 1925, ten cases of Scarlet Fever were notified, as compared with 49 in 1924, and with 41 in 1923. Of the ten cases notified, four were in the North Ward ; one in the South Ward ; two in the Stourton Ward ; one in the Lofthouse-with-Thorpe Ward ; and two in the Carlton Ward. No deaths were recorded.

Scarlet Fever which, until comparatively recent years, never failed to show a substantial notification total in this District, has for the last three or four years shown a pleasing and steady decline in incidence, and I certainly think it is worthy of special note that, during 1925, in a district of nearly 16,000 inhabitants, entirely industrial and in the immediate vicinity of a large city, only ten cases of Scarlet Fever were recorded, this, I need hardly add, being an easy record for the District since statistics were first recorded.

DIPHTHERIA.

There is, on the present occasion, probably no vital statistic, the consideration of which I have anticipated with so much interest as that relating to this particular disease. It has been until 1923 my unpleasant duty to record year after year a notification figure for Diphtheria which has caused me much concern and which, in spite of reduced figures for practically every other form of Notifiable Infectious Disease, had persistently maintained a high level. Rightly or wrongly, rightly I think, I regarded this as a reflection upon the Public Health reputation of the District and its to exercise my ingenuity in the attempt to explain why Diphtheria controllers, and I was called upon in each successive Annual Report

should so resolutely refuse to take its place in the general movement towards curtailment exhibited by almost every other notifiable disease. In 1923 a comparatively sudden and decided drop in the Incidence Rate of Diphtheria was noted and, though the 1924 figure was slightly higher, it was nevertheless considerably below the average rate of years prior to 1923. When I pass on now to put on record the fact that 1925 is debited with but five cases of Diphtheria it is clear that there was nothing accidental about the decline noted in 1923 and 1924, but that the explanation must rest upon a more solid basis. On looking around I find two outstanding factors to which, I feel sure, must be accorded a substantial share of the credit for bringing Diphtheria into alignment with associated Infectious Diseases. One factor is that housing conditions generally have been considerably improved of late years, that an appreciable proportion of our inhabitants are now living amid infinitely healthier surroundings, and that though there is still plenty of overcrowding, there is certainly less than there was. The other factor concerned is that, during the past five years, we have gone in for a system of universal conversion of privies and abolition of middens and this campaign is now drawing to a successful conclusion. Though I do not contend that the marked declension during the past three years is solely due to the causes I have just mentioned, I certainly claim for them a by no means small part of the credit.

As I have already said we had five cases of Diphtheria notified in the District during 1925 of which one was in the North Ward, and two each in the Stourton, and Lofthouse-with-Thorpe Wards. During the year no case was notified from either the South or the Carlton Wards, and this latter Ward will, in view of the fact that 1925 is the third successive year during which no case of Diphtheria has been reported from that area, begin to pride itself on the superior health standard to which it has now attained as compared with its neighbours. Hard things have occasionally been said in my Reports regarding the Carlton Ward, and I am therefore all the more pleased to be able on this occasion to pay it this well deserved compliment.

No deaths from Diphtheria were recorded during the year, our Mortality Rate, therefore, being nil as compared with a National Rate of 0.07 per thousand inhabitants.

TYPHOID FEVER.

The day seems fast approaching when this disease will forfeit its claim for special mention in my Annual Report as, for the third successive year, no case of Typhoid has been recorded in this District, and I think I may with assurance claim that, on the day on which you declared for a policy of universal conversion of privies and abolition of middens, you sounded the death knell of this disease.

TUBERCULOSIS.

During 1925, 18 cases of Pulmonary Tuberculosis, 11 Males and 7 Females, were notified in the District as compared with 16 cases in 1924, with 27 in 1923 and with 12 in 1922.

The cases notified were allocated to the various Wards as follows :—North Ward 2 ; South Ward 2 ; Stourton Ward 4 ; Lofthouse-with-Thorpe Ward 5 ; Carlton Ward 5.

In addition to the above Pulmonary cases there were likewise notified 10 cases of Non-Pulmonary Tuberculosis, namely, 3 cases of Meningitis ; 2 cases of Tuberculosis of the Ankle, and 1 each of Tuberculosis of Hip, Knee, Wrist, Omentum, and Cervical Glands.

The number of deaths returned as due to Pulmonary Tuberculosis during 1925 was 7, of which 5 were males and 2 females, whilst, in addition, five further deaths, 2 males and 3 females from Non-Pulmonary Tuberculosis were likewise recorded, thus making a gross total of 12 deaths during 1925 from all forms of Tubercular Disease as compared with 13 such deaths in 1924, with 20 in 1923, and with 10 in 1922. Attention may further be directed to the fact that, of the 18 cases of Pulmonary Tuberculosis notified during 1925, two of them died during the currency of the same year.

The Pulmonary Tuberculosis Death Rate in 1925 was 0.44 per thousand population as compared with 0.76 in 1924, and with 0.83 in 1923, and the deaths from this cause are in the proportion of 1 in 21 or just over 5 per cent. of the total deaths registered from all causes, as compared with 1 in 13 or 7.7 per cent. in 1924, and with 1 in 12 or 8.5 per cent. in 1923, and, by adding to the deaths from Pulmonary Tuberculosis those from all other forms of Tubercular Disease, we get the proportion of 1 in 12 or 8.3 per cent. of the total deaths registered during the year from all causes as being due to Tubercular Disease in one form or another, as compared with 1 in 12 or 8.3 per cent. in 1924, and with 1 in 8 or 12.5 per cent. in 1923.

We are assured on reliable authority that Tuberculosis is less prevalent than it used to be and that it is slowly giving way before the manifold methods of attack which are now-a-days directed against it. I suppose we must accept this as fact but, to the more or less ordinary onlooker, unfamiliar with and perhaps indifferent to the niceties of percentage calculations, the evidences of progress seem somewhat vague and unconvincing. What one does know is that, beyond question, here is a disease permeating society, and especially the poorer sections of it, and whose Mortality Rate, appalling though it be, is really the least serious part of it. What I mean by this statement is that the Mortality Rate is but a dim

reflex of the number of persons actually suffering from the disease ; that when Tuberculosis claims a victim it is in the vast majority of cases a claim for life and that, with characteristic cruelty, it takes plenty of time over its work, satisfied seemingly with nothing less than a process of gradual attrition, the unfortunate individual, by degrees, passing through every phase of disability from partial disablement to total unfitness.

At this point let me show, statistically, what this disease is really capable of, and what its accomplishments mean when reduced to figures. As Tuberculosis is classed as one of the Infectious Diseases let us first of all see how it compares statistically with other Infectious Diseases. During 1925, I find that, of all Notifications received in the Rothwell Urban District, exactly every third case so notified was one of Tubercular Disease and, in order to make the figure still more impressive, let me exclude Pneumonia from our calculations, when we find that, during 1925, of all cases of Notifiable Infectious Disease recorded rather more than every second case was one of Tuberculosis.

Again, let me approach the consideration of this problem from another aspect. I find that, during 1925, whilst, from every form of Zymotic Disease combined, notifiable and non-notifiable, inclusive even of Infantile Diarrhoea, but exclusive of Tuberculosis, four deaths were recorded, there were 12 deaths from Tubercular Disease, thus presenting us with the knowledge that, for every person who died during 1925 in this area from every form of Infectious Disease combined, three died from Tuberculosis.

I think anyone, who has read what I have written up to this point and who accepts the authenticity of it, must be convinced that, from an all round point of view, Tuberculosis, as a disease, stands almost alone, equalled by few and surpassed by none, as a danger to humanity, and yet, when the average individual thinks of infectious disease and conjures up visions of the terrors commonly associated in his mind with this type of disease, Tuberculosis is probably the last thing he thinks about and herein lies the danger. I have already written much regarding the callous indifference with which this disease is almost universally regarded, the calm impersonal manner in which Tuberculosis patients are regarded by those associating with them, the almost fanatical determination to refuse to accept Tuberculosis as a directly transmittible disease, and the pathetic insistence, on the part of infected persons, to consider themselves as normal members of the community. These, one and all, are matters on which I have dwelt long and earnestly in the past, in the endeavour to drive home to the minds of people, the patient as well as associates, the almost incredible danger

centred in and associated with a case of Pulmonary Tuberculosis. We are told by those given to philosophizing that effort, properly directed, is never wasted, but, so far as my powers of observation lead me, the result of my efforts to instil fear into the minds of the general public regarding this disease are, if indeed they exist at all, so paltry as to be unrecognizable.

To my mind, the greatest tragedy of Tuberculosis lies in its influence on family life. Arising from the inevitable sequel of gradually increasing poverty, the unfortunate Tuberculosis victim is often compelled, by stress of circumstances, to reside in lower rented and consequently less healthy houses, in many of which any effort at isolation is so obviously futile that the attempt is never seriously made.

Another regrettable circumstance, though perhaps one of some delicacy, is that instance after instance may be cited where children continue to be born into homes where one or other of the parents is a well authenticated case of Pulmonary Tuberculosis. The solution of this particular problem may not be easy, but I think few will deny that it is most regrettable and is nothing more nor less than putting a premium on the propagation of Tuberculosis.

Everyday opportunity of observing the conditions associated with cases of Pulmonary Tuberculosis convinces me that any attempt or scheme to eradicate this disease must inevitably fail until the infectivity of it is accepted as a fact, not only by the General Public but by Health Authorities, and some attempt is made to preclude the deliberate propagation of the disease by indiscriminate association with infected persons. We accept, as a fact, the statement that Pulmonary Tuberculosis is transmissible by contact, we have only to glance at our statistics of mortality to appreciate the misery and suffering this disease is capable of producing, and yet it seems to me as though the only indication we give as to our acceptance of the infectivity of Tuberculosis is by making it compulsorily notifiable. Let the Health Authorities, as likewise the Public endeavour to regard this disease as directly infective, as capable of being passed from one to another, let them conduct themselves in its presence as they would in the case of any other so-called Infectious Disease, and we will have taken the first big step towards the curtailment, if not the elimination, of a disease which stands unequalled in its faculty of producing, not only prolonged suffering to the particular individual who has fallen a victim to it, but, at the same time of bringing poverty and misery to his family, with the added knowledge that nothing short of the intervention of Providence will prevent his own disease with all its attendant horrors being passed on to his children as a heritage.

On this occasion I have practically limited my remarks to but one phase of this question, namely infection by direct contact, and have not discussed at all the question of treatment to which I have made detailed reference in more than one of my previous Reports.

Before brining this chapter on Tuberculosis to an end, I should like to refer to one matter which closely affects our District, so far as treatment facilities are concerned. At present our nearest Tuberculosis Dispensary Centre is at Wakefield, five miles distant, and there can be little doubt that many patients decline to visit Wakefield, mainly on the score of expense, who would willingly visit a Centre situated within our own area, which, I think, is quite big enough and important enough to justify a claim for the establishment of such a Centre. I can assure the responsible Authorities that the granting of this facility, to which we claim to be fully entitled, would enormously add to the efficiency of Tuberculosis supervision and control in this District, and would, at the same time, be an inestimable boon to those whose misfortune it is to need such service.

HOUSING.

Although it is merely accidental, it is significant that following a chapter dealing with the great problem of Tuberculosis we find ourselves straight away plunged into a discussion on Housing matters, and a better example of cause and effect would indeed be difficult to find. It is an arguable point as to whether, if we had no housing troubles, if we had no people living in unhealthy houses, and amid insanitary surroundings, if we had no house shortage and consequent overcrowding, we should have a disease like Tuberculosis with all its deplorable consequences. Whatever views be held as to the degree to which housing faults are responsible for the continued existence of such a disease there can be no diversity of opinion as to their being involved, and deeply involved. It is said, and with truth, I believe, that a revolutionary movement can only succeed if it has behind it the driving force of a feeling of intense grievance. Whether the revolution be political or economic matters not, without this feeling of legitimate grievance no revolutionary movement can attain its object. If one tries to realise the conditions under which a big proportion of our inhabitants were living until recent years, one has little difficulty in discovering the necessary grievance. When one thinks of the wretched hovels in which so many people spent their entire lives, of the insanitary slum areas, of the deplorable overcrowding which was so prevalent, with the degrading moral conditions inevitably associated with them ; when one thinks of those things the only wonder in one's mind is that revolution, and the housing campaign of the present day is revolution, though a peaceful one, was so long delayed, and one can only regard with pity

mingled with astonishment, the complacent manner in which people submitted to and tolerated such conditions. We have, indeed, travelled far since those days, though they are comparatively recent, and we are gradually nearing the stage now when self respect revolts at living under conditions which, a few years ago, were regarded as common-place. There is just a danger, however, that in the struggle to acquire a better house, the real motive under-lying this agitation for better housing conditions may be lost sight of. It is in the endeavour to raise the standard of health by abolishing conditions whose presence pre-disposes to disease that the real object of housing reform is discovered, though, apart from any question of health, the very human desire to possess a house, in which pride may be taken, is legitimate and deserves encouragement.

There is still another aspect of this housing question which presents itself to me, and one which, though in all probability never seriously considered as a factor of importance, is yet of some significance. I refer to the psychological effect of translating people from a lower to a higher housing standard. We are told that environment has a pronounced influence on character and, accepting that, I ask what is likely to be the effect on character growth of living one's life in some of the still existing low grade houses, with their equally low grade surroundings, houses designed apparently with the one object of excluding fresh air and sunlight, houses so disgracefully overcrowded that one's sense of decency must, in the course of time, become blunted. What, I ask, is likely to be the effect on the development of character of residing under such conditions? When I look around on some of the houses in which, in spite of all your valiant efforts in house building, a not inconsiderable proportion of our families are compelled to live, I sometimes wonder what earthly attraction such a home, apart from the presence of his wife and children, can possibly have for a man after a hard day's work, and I wonder still more, and pity is in this instance mingled with my wonderment, how some of those poor women, who, be it remembered, in contradistinction to their men folk, spend the major portion of their lives in their homes, find life endurable, or what satisfaction they can possibly find in the vain endeavour to make such places homely and attractive. The inevitable issue of continued existence amid such conditions must, to my mind, be to kill all enthusiasm, ambition, and initiative, and thus is character moulded. If this be true in regard to men and women, what, I wonder, must be the effect on character formation in the case of children. I unhesitatingly say that, in my considered opinion, a child's character is influenced as much by its environment as by its association with its parents. The development of a child's character, just the same as that of its body, is blunted by its being reared amidst surroundings characterised by the absence of brightness, cleanliness, fresh air, and sunlight, and it is bound to absorb some of the dullness and

drabness reflected by its surroundings. This aspect of the housing question may be one that is not usually elaborated in an Annual Health Report, but is none-the-less one which, to me, appears to be of paramount importance, and I contend that its influence on health, the real motive, is both direct and profound.

Before passing on to actual detailed figures regarding the question of provision of new houses, let me at this point, as Medical Officer of Health, express my gratitude and satisfaction at the excellent progress you have made in this matter of providing houses for the inhabitants of your District. As the figures I am now about to quote will show, you have spared no effort, and I am pleased to pay this public testimony to your enterprise, but at the same time must qualify my tribute by adding that, though you have no fewer than four Municipal Housing Estates in full process of development, there appears to be almost as many claimants for houses as there were before you laid the first brick. We are only now beginning to realise what the state of affairs must have been prior to the inception of those housing schemes, when we note that, though hundreds of families have been provided with new houses, the demand for houses seems almost as insistent as ever. Daily observation teaches me that hundreds of houses must yet be provided before the needs of your District will be met, and due regard must likewise be paid to the fact that the prospects of future development of this District are exceedingly promising.

I am almost tired of talking of overcrowding, but I feel it my duty to again emphasise the fact that, in spite of all your efforts in housing, overcrowding is still far too prevalent in this District and I shall never cease my appeal for ever increasing activity in building until overcrowding has been banished from your District. You may say this is a big statement and that I am asking for the impossible, but my reply is that an Authority which can, within five years, almost wipe the District clear of about thirteen hundred privies, should not find the task of providing ample housing accommodation for its inhabitants, with the consequent abolition of overcrowding, an impossible one, but that, provided the same amount of zeal and determination be shown as in the case of conversions, success is certain.

Let me now endeavour to show by means of figures the result of your labours in this matter of erection of houses. Up to the end of 1924 I find that a gross total of 148 Municipal and 28 Private houses had been added to the housing accommodation of the District. During 1925, 88 new houses were built and occupied, of which 72 were part of our Municipal Scheme, whilst 16 were built by private

enterprise. Of the 72 houses just mentioned, the Rothwell Haigh Site claimed 32 ; the Carlton Site 16 ; the Lofthouse Site 12 ; and the Thorpe Site 12. I am informed further that on January 1st, 1926, there were in course of erection a total of 46 Municipal Houses, of which 18 were on the Rothwell Haigh Site ; 16 on the Carlton Site ; 12 on the Lofthouse Site. It may perhaps be of interest to learn that, during the years 1920 to 1925 inclusive, a grand total of 220 Municipal houses have been built and occupied in this District, and that they have been distributed amongst the four different building sites as follows :—Rothwell Haigh Site 148 ; Carlton Site 28 ; Lofthouse Site 18 ; Thorpe Site 26. It should be noted that private enterprise has, in addition, furnished during the same period a total of 44 houses.

In spite of the above gratifying record, and at the same time making ample allowance for extensive schemes in contemplation, there are yet many homeless families in our District which makes it fairly obvious that for years to come every, at present, existing house, good, bad, and indifferent, with the exception probably of a comparatively small number which are so dilapidated as to be beyond repair, must continue in active service, and it is in this connection that housing inspection assumes an aspect of the utmost importance. It is obvious that, until every old and worn house can be replaced by a new house, such houses must be kept in service and, consequently, maintained at a habitable standard, and I regard this question of housing inspection, having for its object the maintenance of such a standard, as being unsurpassed in importance by any other phase of Public Health Work. It is quite clear that every family in the district cannot be fortunate enough to live in a new house or even in a older house of a reasonably high grade, and it is only common fairness to them that the Public Health Authority should do everything in its power to ensure that the low grade house, which they have perforce to accept, should be brought up to and maintained at, at least, a decent habitable standard, and in the absence of efficient inspection there can be no such guarantee.

A scrutiny of the Tables in the Report of the Housing Inspector, which will be found incorporated in this one, will reveal in detail the inspection work carried out by him during the year. Such a scrutiny will show that for example during 1925, the number of houses inspected and recorded under the Housing Regulations, 1910, was 90, of which none were found unfit for habitations, that the number reinspected was 429, and that a further list of 34 inspections were made under the Public Health Act in connection with defects of a minor character, thus giving a grand total of 553 houses inspected during 1925.

Of the 90 houses inspected under the Housing Act, 81 were found not to be in all respects reasonably fit and therefore calling for repairs of a more or less extensive character, and in those cases action is being taken under Section 91 of the Public Health Act, 1875. The addition to the number of houses found with defects in 1925 to those of a similar character carried over from 1924 gives a total of 267 houses with defects to be remedied during 1925 of which 91 have been remedied during the currency of that year, leaving a gross total, after the deduction of 10 houses repaired under Closing Orders, of 166 at the end of 1925 with defects still outstanding, of which 55 are still under Closing Orders whilst the remaining 111 are under ordinary notices.

From the above brief commentary you will be in a position to judge of the work which has been carried out in your District in this matter of Housing Inspection and, to add emphasis to what I have written, I may point out that the only guarantee the public possesses that the houses in which they live and bring up their children shall be maintained at a satisfactory standard of habitation lies in this very matter of house inspection, and it will be recognised, therefore, that in this matter a tremendous responsibility rests upon the Health Authorities through the medium of their Housing Inspector. The knowledge that our own District is endowed with its full share of old and dilapidated property, and is not by any means guiltless of overcrowding, does not tend to make the insistence of this question any less. In the Report of the Sanitary Inspector further on may be seen, in statistical detail, the inspection work he has carried out during 1925, and will, I think, convince you that, in the Rothwell Urban District, the super-importance of this particular branch of housing work is being kept closely in mind.

Looking back over the past fifteen years, the period covering my tenure of the post of Medical Officer of Health to the Rothwell Urban District, no administrative act on your part has given me so much personal satisfaction, and even pride, as has the matter I am now about to bring to your notice. Until five years ago Rothwell laboured under the charge of being an out and out privy midden district, a charge which honesty precluded us from denying, whilst to-day, as the figures I am now about to quote will confirm, we are nearing the end of our campaign of universal conversion with total abolition of middens. It is no mean achievement and is one of which I, as Medical Officer of Health, am particularly proud. Whatever criticism may be levelled against the Members of the Rothwell Urban District Council of the past five years, and even the best of men have their detractors, this achievement of theirs will redound to their credit for many a year to come. This question of abolition of privies and middens is one which exerts an influence on the health and well being of every inhabitant

of the district and I boldly assert that such influence is reflected in our improved vital statistics, our General Death Rate, our figures of Infectious Disease Notification, our markedly reduced Zymotic Death Rate, the complete disappearance of Typhoid Fever from our District, the remarkable shrinkage in cases of Infantile Diarrhœa and in the rate of Infant Mortality ; all those are fingers pointing towards an altogether higher standard of health administration and, in each and all of them, the influence of Privy Midden abolition is unquestioned.

It is said that confession is good for the soul and I frankly confess that, during the privy midden era, I had a feeling of shame that a District, which in many other respects was progressive, should have its reputation besmirched by its tolerance of such disgusting anachronisms as Privy Middens. Not the least part of my satisfaction at the change that has taken place is the fact that, by this act, you have enabled your district to hold up its head once again amongst those areas which, by intelligent and progressive administration, have earned the right to be regarded as Grade I. Authorities. I am well aware that not a few amongst us considered your policy, when first declared, as hare-brained, and as needlessly and wantonly extravagant but, in my opinion, this is an outstanding example of doing good to people by stealth and in spite of themselves.

If there be any who think I have over stated my case, or have let my enthusiasm in this matter run away with my judgment, I suggest that a study of the figures, for whose accuracy I can vouch, I am now about to quote, may have the effect of convincing them that the merits of the case have been under, rather than over, emphasized.

At the end of 1920 there were in the Rothwell Urban District 1,374 privies and 1,544 water closets. During the four years 1921 to 1924 inclusive, a grand total of 899 privies have been converted into water closets, 421 middens have been abolished and 230 converted into dry ashpits, whilst 847 bins have been provided in place of middens.

During 1925, 173 privies were converted into water closets, 113 privy middens were abolished, 119 ashbins provided in lieu of middens, and 59 privy middens were converted into dry ashpits. The ultimate result, therefore, at the end of 1925 is that the District now possesses but 302 privies as compared with 1,374 five years before, 2,941 water closets as against 1,544, that the number of privy middens has fallen to 194, whilst the number of dry ashpits in the District has risen to 583, and the number of portable ashbins to 1,849, and it must be noted, moreover, that the above figures represent genuine conversions, and are exclusive altogether of the conveniences supplied to new houses.

Of the 173 Conversions carried out during the year, I may point out that 65 of them were carried out under Section 36 of the Public Health Act, the owner bearing the entire cost, whilst, as regards the remaining 108 action was taken under Section 39 of the Public Health Act Amendment Act, 1907, the District paying half cost, the general standard adopted being that, where there was one privy to one house, and that in good structural condition, conversion was carried out under Section 39 and half cost paid by the Local Authority.

With regard to the 302 privies still outstanding on the 1st January, 1926, it may be pointed out that 153 of these cannot be dealt with on account of there being no available sewerage, leaving 149 outstanding, all of which are scheduled for notice during 1926. Surely such a recital of work done, and results achieved, affords justifiable grounds for the gratification I have just expressed, and I trust that this demonstration of what may be achieved by enterprise, backed by conviction, may be accepted as an earnest of your determination to grapple, in the near future, with corresponding energy with some other outstanding Public Health matters which still await your attention. Meanwhile, we may, with justifiable pride, contemplate the approaching completion of our self-imposed task of bringing about universal conversion under a severe time limit, and that our effort is on the eve of being crowned with success is proven by the fact that, during the five years 1921 to 1925, we have carried out a grand total of 1,072 conversions, or an average of 215 per year, no mean achievement, I think, for a district of just under 16,000 inhabitants.

It may be readily understood that, for the successful issue of such an enterprise, a marked degree of tact on the part of the Sanitary Inspector, the responsible Official, as well as the goodwill of that section of the community financially affected by this upheaval, namely the property owners, was called for, and the fact that, out of a total of 1,072 conversions carried out during the past five years, involving the serving of Notices upon a multitude of owners, on whom a considerable financial burden was imposed, in only one instance was an appeal made to the Ministry against the execution of the Notice, speaks eloquently for the fair manner in which the Sanitary Inspector has carried out his duties, as also for the commendable manner in which the Property Owners have shouldered their by no means trifling burdens. In the case of the appeal above mentioned, an Inquiry was duly held and a decision given in favour of the Council.

In view of the fact that, as this Report will bear witness, I have not hesitated to express approval of the manner in which, in more than one instance, the Council as a body, has carried out its Public Health Administrative duties, I may, perhaps, without

fear of a charge of unfairness, be permitted to express regret that the question of paving of Yards and Private Streets, really a corollary to privy conversion, has not, by any means, made the same striking progress as has the latter question. One circumstance, and one only, affords, to my mind, justification for delay in this work, and is it that, in many instances, the owner concerned is the same on whom has, so recently, been cast a heavy burden in connection with privy conversion. I certainly think that this fact merits consideration, and endeavour should be made to give those particular owners breathing space by deferring their notices and by dealing, first of all, with those who have escaped any liability in the matter of privy conversions. I understand that a Surveyor has been appointed with instructions to push on with this work in earnest and, in view of this practical step taken, I fully anticipate in my next Annual Report, being in a position to report substantial progress in this all important matter. Unpaved yards are, from a health standpoint, equally as great a menace as are privy middens, and to deal with the latter, whilst ignoring the former, is simply leaving a job half-done.

Bye-Laws.—In my last Annual Report I recorded the fact that new Bye-Laws, governing the following matters, had been finally approved by the Ministry of Health and had become operative in the District:—(1) New Streets and Buildings; (2) Slaughter Houses; (3) Nuisances; (4) Common Lodging Houses. I am pleased to state that since that date further Bye-Laws governing (1) the trade of Fish Frying, and (2) Drainage of Existing Buildings, have likewise been approved and are now operative, so that your District is now in possession of modern and up-to-date Bye-Laws, permitting of much more efficient administration than was possible under the old, and to a considerable extent out-of-date, Bye-Laws now happily discarded.

Town Planning.—As this is a matter to which I have referred in more than one of my previous Annual Reports, I am pleased to learn that the Ministry has now granted permission for a scheme for the Town Planning of the whole of the Rothwell Urban District, and that such a scheme is now in course of preparation.

Mortuary.—During the year a Public Mortuary has been erected in Rothwell, within the grounds of the Rothwell Urban District Council. It is a substantial building, roomy and most efficiently equipped, and if it did nothing more than bring to an end the practice of holding post-mortems in private houses—for the most part small cottages—with all the inconvenience entailed, not to mention the harrowing experience of the relatives, it is money well spent.

Public Lavatory.—A long felt want has likewise been met during the year by the erection, on a central site in Rothwell, of a public urinal and lavatory, built and equipped on modern and

up-to-date lines. Rothwell now-a-days is quite an important traffic centre, and the provision of such a convenience meets an urgent public need.

Baths.—Nothing further has transpired anent this question of providing bathing accommodation for your District to meet the needs of those families, by far and away the greatest proportion of the community, who have absolutely no bathing accommodation in their homes. I feel convinced that in due course of time this District will be provided with Public Baths, but, meanwhile, the bare unashamed fact remains that at least two-thirds of your residents have no bathing facilities of any kind in their homes, and have either to go unbathed or contrive any make-shift means, which their ingenuity, spurred on by stark necessity, may suggest. To me, it is a never failing source of wonderment that people have for so long, and so complacently, accepted, without strong protest, a position of things which denies to them the service of one of the greatest health giving factors, one indeed almost as essential for a healthy condition of body as fresh air or food.

Water Supply.—I think I am justified on this occasion in reporting that the entire District, without exception, has now available an excellent water supply as regards both quantity and quality. The shortage in the Lofthouse portion of the District which has, for years, been a legitimate source of complaint from the residents of that area, has now been remedied by the laying of larger mains to this particular portion of the District, arrangements for a better supply of water from Leeds having, at the same time, been come to. One of the immediate results of this policy is evidenced when I point out that we are now in a position to push on with privy conversions in the Lofthouse district, practically the only area in the District not already dealt with, this work having been, until now, held up by lack of an efficient supply of water. It is, in fact, anticipated that all privies in this particular area will be dealt with during 1926. That our water supply is in every essential a satisfactory one is shown by the fact that, though during the five years, 1921 to 1925, we have converted into water closets some 1,072 privies, there has at no time been any difficulty in providing an ample water supply for all purposes.

Sanitary Administration.—Regarding the various phases of Public Health Administration such as Food Inspection, Cowsheds, Milk Supply, Inspection of Slaughter-Houses, Scavenging, and Refuse Removal, it is unnecessary for me to enter into considered detail. In the Report of the Sanitary Inspector further on will be found a record of his year's work in connection with each and all of the above matters, supplemented by a wealth of statistical detail and, though I have reserved to myself the right of commenting briefly at this point on the questions of milk supply and food inspection, I must leave the Inspector's own Report to speak for itself so far

as the various other matters coming within his own immediate jurisdiction are concerned, contenting myself with the statement that, in my opinion, scavenging and cleansing have again throughout the year been kept under capable supervision, that the slaughter houses and the work carried out in them have likewise been carefully supervised, and that, finally, in the all important matters of milk, meat and food inspection, which ensures the public a reasonable standard of quality and cleanliness of food offered for sale, good and sound work has been done, with a full sense of the importance of what skilled supervision means for the District and those who live in it.

Milk Supply.—The inhabitants of the Rothwell Urban District are indeed fortunate in having at their disposal a milk supply, ample in quantity and of a distinctly good quality standard. I am pleased to record that the standard of cleanliness, and hygiene generally, of the cowsheds has risen appreciably during the past year, and that this is reflected in an improved standard of cleanliness of the cattle. Just as, in the case of human beings, bad housing conditions predispose to ill-health and disease so it is with cattle, and I, therefore, regard it as a good omen that farmers in our District are to-day, so far as their cowsheds are concerned, paying much greater heed to such matters as ventilation, sunlight, and cleanliness, and, in addition, that the cleansing of the udders and quarters of their cattle is now becoming the custom rather than the exception. All these factors tend towards a higher standard of conditions of the cows and, consequently, towards an improved milk supply as regard both quality and cleanliness. There is still room for improvement generally, in the methods associated with the production and preparation for sale of milk, but I feel justified in assuring you that there has been an all round improvement during the past year in this District.

It is of interest to note that on 1st September, 1925, new Milk Regulations came into operation which grant powers, not hitherto possessed, to deal with the question of tubercular cattle and also with tuberculosis patients employed in work associated with the production of milk. When one realises that tubercular milk is the outstanding cause of surgical tuberculosis, so commonly affecting children, it is not difficult to appreciate the profound significance of those Regulations, so far as this question of tubercular cattle is concerned. It is likewise worthy of note that the Veterinary Surgeon makes, in this District, three visits per year to all cowsheds, and likewise makes a detailed examination of all cattle. Particulars regarding milk samples taken during 1925 will be found further on in the Report of the Sanitary Inspector. With regard to the question of adulteration of milk by the addition of water I am pleased to

record that, in this area, our reputation is, on the whole, distinctly good, an occasional delinquent being discovered and pounced upon, but our record, as shown by analysis of milk samples, is such as to amply justify confidence in our milk vendors. Adulteration of milk is on a different footing altogether from ordinary food adulteration. In the case of milk, an infant's health, and even life, depends on the quality and purity of this, its only food, and anyone, who deliberately adulterates milk, stands accused not merely of an act of dishonesty, but of a crime, and ought to be dealt with accordingly.

Food Inspection.—In my last Annual Report I dealt with this matter in some detail and endeavoured to point out the close relationship that existed between quality of food and health. It cannot be too clearly emphasised that, in this question of efficient inspection, lies the only safeguard, possessed by the Public, so far as standard of quality and cleanliness of food is concerned, and I am very doubtful as to whether the powers possessed by the Food Inspector are as wide as they ought to be, when one considers that, so far as the Public themselves are concerned, they don't seem to care a rap what they eat so long as it is food, and seem to accept quality as a matter of course.

When one realises that probably no other factor has the same influence in determining the standard of health of the individual as has food, it seems strange to me that the restrictions regulating the preparation of food and the sale of it to the Public are not more stringent than they are. We seem, as a community, to place a surprising degree of trust in the integrity of those concerned in the sale of food and to ascribe to them the possession of an inherent honesty of purpose with which we seem loth to credit any other section of the trading community and, though, so far as this District is concerned, I am happy to state that, for the most part, this confidence is amply justified, our duty, nevertheless, is to take nothing for granted so far as food stuffs are concerned but, by making inspection as efficient as possible, leave no loop hole whereby food may be sold to the Public which falls short of a guaranteed standard of quality and purity. When I see, for example, as I not infrequently do, fish hawked from door to door in carts or baskets, uncovered and unprotected, the very sight makes me shudder, and yet the fact that such trading goes briskly on is sure proof of the fact that the public readily buys, and presumably consumes, such provender. This is but one example of many of a similar kind that could be quoted as proof of my contention that the average member of the community regards the conditions under which food is prepared, or exposed for sale, as of comparative unimportance, and hence the urgent need of increasing stringency in regard to such matters, so that the Public may, in this matter, be protected against the consequences of their own indifference. What could be more gross, for instance, than the absence of regulations concerning the

preparation of ice cream? So far as I can see all that is required to enable one to advertise oneself as a purveyor of ice cream is the possession of a barrow and a freezing plant. That section of the community, who have a predilection for this particular delicacy, and their name is legion, know not and, so far as I can see, care less as to the conditions under which it is prepared. I know quite well that many ice cream vendors are careful and cleanly, and can be trusted even in the absence of inspection, but others are not, and there certainly ought to be regulations governing the manufacture of this particular commodity which would ensure that what is offered for sale is ice cream only, and not ice cream plus the addition of various other foreign matters, of which dirt is not by any means the least. The manufacture of ice cream should only be permitted under license so that efficient inspection is possible, and no license should be granted until the Authority is satisfied, as a result of inspection, that the premises and conditions generally are satisfactory. To carry this contention to its logical conclusion every place in which food is prepared, or exposed for sale, should be registered. This registration would be a formal matter, inflicting hardship upon no one, and would, in no way, restrict the freedom of anyone to use premises for the sale of food provided that the Inspector satisfied himself that the premises were reasonably suitable for this purpose, and it is only by registration that such places can be brought within the ken of the Authorities. This would, to a certain extent, provide a guarantee to the Public and is one to which, it seems to me, they are entitled. It is done in the case of milk and meat so why not in the case of other food stuffs? When one learns of an instance in which premises, vacated by a Pulmonary Tuberculosis Patient, are opened immediately as a shop for the sale of food, and this without the knowledge of the Health Authorities, and, consequently, without any attempt at disinfection, you will perhaps admit that my suggestion of registration is not altogether unreasonable.

The following Tables and Statistics explain themselves, and I may add that, incorporated in this Report, are the Reports of the Sanitary Inspector, the Veterinary Surgeon, and the two Health Visitors. I should like at this point to take the opportunity of thanking Mr. Dicker, the Sanitary Inspector, for his valued co-operation and assistance during the year, and must likewise, on behalf of the Rothwell Urban District Council, express my thanks to Dr. Kaye, the County Medical Officer, and his Laboratory Staff, for their very valuable assistance in regard to Bacteriological examinations, which has been of the greatest help, both to Practitioners and the Health Authority, by facilitating early diagnosis of doubtful cases of infectious disease, and I may further add that the Rothwell Council provides, free of charge, antitoxin, for the treatment of any case of Diphtheria, in which the Practitioner in attendance chooses to ask for it.

TABLE 4.
AGE AT DEATH.

Deaths under 1 year of age	..	..	20
„ over 1 year and under 5 years			10
„ „ 5 years	„	15 „	3
„ „ 15 „	„	25 „	9
„ „ 25 „	„	65 „	44
„ „ 65 „	..	..	64
<hr/>			
Total deaths at all ages	..		<u>150</u>

TABLE 5.
ESTIMATED POPULATION, NUMBER OF DEATHS, &c., WITH RATES.

Year.	Estimated Population.	No. of Deaths.	No. of Births.	Death Rate per 1,000 inhabitants.	Birth Rate per 1,000 inhabitants.	Deaths under 1 year per 1,000 Births.	Zymotic Death Rate.
1925	15,720	150	277	9.54	17.62	72	0.25
1924	15,610	164	284	10.50	18.19	112	0.13
1923	15,620	165	292	10.56	18.69	82	0.25
1922	15,590	157	299	10.06	19.18	90	0.57
1921	15,500	183	370	11.80	23.87	86	0.58
1920	14,776	186	409	12.58	27.68	83	0.81
1919	{ 14,210*	197	341	13.86	23.03	61	0.63
	{ 14,803†						
	{ 16,519*						
1918	{ 14,743†	219	333	14.85	20.15	84	1.89
	{ 14,127*						
1917	{ 15,748†	201	302	14.22	19.18	142	0.99
	{ 14,386*						
1916	{ 15,651†	186	351	12.23	22.42	88	0.69
1915	14,755	223	367	15.11	24.59	125	1.96

* Civilian Population estimated by Registrar General.

† Gross Population estimated by Registrar General.

TABLE 6.

No. INHABITED HOUSES, POPULATION, &c., AT CENSUS
1921, &c.

	Census.	Number Inhabited Houses.	Population.	Number Inhabitants per House.
Rothwell Urban District Area	1921	3,272	15,240	4.65
Do. do.	1911	3,090	14,279	4.62
Do. do.	1901	2,487	11,702	4.70
Do. do.	1891	1,296	6,205	4.78

TABLE 7.

BIRTHS AND DEATHS IN VARIOUS WARDS.

	BIRTHS.			DEATHS.			Total excess Births over Deaths.
	Males.	Fe- males.	Total.	Males.	Fe- males.	Total.	
Urban District Area ..	148	129	277	91	59	150	127
North Ward ..	35	28	63	17	9	26	37
South Ward ..	28	20	48	14	10	24	24
Stourton Ward ..	30	20	50	20	15	35	15
Lofthouse Ward ..	26	29	55	22	10	32	23
Carlton Ward ..	29	32	61	18	15	33	28

TABLE 8.

ZYMOTIC DEATHS IN VARIOUS WARDS.

	Scarlet Fever.	Measles.	Whooping Cough.	Diphtheria.	Enteric.	Smallpox.	Diarrhoea, under 2 years.	Zymotic Death Rate.
North Ward ..	0	0	0	0	0	0	1	0.25
South Ward ..	0	1	0	0	0	0	0	
Stourton Ward ..	0	0	0	0	0	0	0	
Lofthouse Ward ..	0	0	1	0	0	0	1	
Carlton Ward ..	0	0	0	0	0	0	0	
Total ..	0	1	1	0	0	0	2	4.

TABLE 9.

BIRTH-RATE, DEATH-RATE, AND ANALYSIS OF MORTALITY DURING THE YEAR 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on population estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	Birth-Rate per 1,000 Total Population.	Annual death-rate per 1,000 Population.								Rate per 1,000 Births.		Percentage of Total Deaths.			
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 years).	Total Deaths under one year.	Causes of Deaths Certified by Registered Medical Practitioners.	Inquest Cases.	Uncertified causes of Death.
England and Wales ..	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0
105 County Boroughs and Great Towns including London ..	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000) ..	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1
London ..	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0
Rothwell U.D.C. ..	17.62	9.54	0.00	0.00	0.01	0.00	0.06	0.00	0.19	0.57	7.2	72	—	9.3	—

REPORT ON SANITARY MATTERS.

The Sanitary Inspector's Report contains full particulars of the work under the Housing Acts, Nuisances Abated, Removal of House Refuse, Supervision of Food Supply, Details of Sanitary Conveniences in the District with Conversions of Privies into Water Closets, and full particulars of other work carried out under his supervision.

The Veterinary Inspector's Report gives details of the Inspection of Milk Cattle, both his Report and that of the Sanitary Inspector being incorporated in this one.

WATER SUPPLY.

The Water Supply of the District has been obtained in the amounts mentioned below from the following Local Authorities during the past year :—

Leeds Corporation	..	..	107,546,000	galls.
Ardsley Urban District Council	..		28,633,000	„
Stanley Urban District Council	..		30,000	
Hunslet Rural District Council	..		5,436,000	„
				<hr/>
				141,645,000 Galls.
				<hr/>

Of this quantity 54,545,000 gallons were used for trade purposes, and the balance of 87,100,000 gallons was allocated to domestic consumption and leakage.

The average daily consumption per head, for domestic use was 15.1 gallons, that for trade purposes being 9.5 gallons per day.

During the year the following water mains have been extended :—Lofthouse Housing Site, 293 yards of 6 in. ; 60 yards of 4 in. ; 114 yards of 3 in., making a total of 467 yards of new water main laid during the year. The following water mains have been enlarged :—From Wood Lane to the Isolation Hospital, old 3 in. main replaced by a new 8 in. main, 752 yards From Milner Lane to Lofthouse, old 4 in. main replaced by a new 6 in. main—380 yards, making a total of 1,132 yards of water main enlarged during the year.

SEWAGE WORKS.

Thorpe Sewage Works and Stourton Sewage Works have both carried out their duties in an entirely satisfactory manner.

Lemonroyd Sewage Works.—The thorny question of the provision of adequate and modern Outfall Works for your District, apart from Stourton and Thorpe, still presents difficulties. The

Council's Engineer is now preparing a scheme for submission to the Ministry for approval. This scheme will be submitted to the Ministry not later than June, 1926, and, if approved, will certainly be put into operation at the earliest practical moment.

In conclusion I should like again on this occasion to convey to the Chairman and Members of the Council my appreciation of the consideration and courtesy shown to me by them during the year, and should like in particular to extend my thanks to the Chairman and Members of the Sanitary Committee for their continued support during the year under review.

I beg to remain, Gentlemen,

Yours faithfully,

HUGH STEVENSON,

Medical Officer of Health.

Rothwell Urban District Council.

ANNUAL REPORT

OF THE

Sanitary Inspector and Superintendent of Cleansing (R. R. DICKER) **for the year 1925.**

*To the Chairman and Members of the
Rothwell Urban District Council.*

GENTLEMEN,

I have pleasure in presenting to you my Second Annual Report, and I do so with the knowledge that good progress has been made in dealing with the various reforms which appertain to the duties of a Sanitary Inspector.

Substantial progress has again been made in the abolition of privy middens, and, at the time of writing, it appears that the District will in the early future be able to boast 100 per cent. efficiency as far as the provision of water closets is concerned excepting, of course, the more rural parts where there is no sewer available.

Later in the Report which deals with the housing problem you will notice that increased activity has been the order throughout the year with the result that a considerable improvement has been effected. Much of the credit for this work is due to the able assistance rendered by Mr. Parker who spent some considerable portion of his time assisting myself in obtaining the figures shown herein.

Although more attention has been devoted to Housing it is impossible to deal with this most important work in the same manner as the Privy Middens have been tackled without the services of an Assistant, and I trust that the Council will be able to see their way clear to sanction such an appointment at an early date.

In order to make this Report as brief as possible most of the information is given in tabular form from which a careful study will show the multifarious duties with which I am concerned.

As has been the custom other years the first Table gives an idea of the clerical work necessary in order to obtain the results which you will see later on.

OFFICE WORK.

Letters written.. .. .	454
Informal Notices—Housing	78
Various	66
Legal Notices—Abatement of Nuisances	37
Insufficient Closet Accommodation (Sect. 36)	49
Conversion of Privies (Sect. 39 (4))	24
Housing Repairs	64
Housing Record Cards Entered	90
Miscellaneous Licences	22
 TOTAL	 884

ABATEMENT OF NUISANCES.

On glancing at the figures given in the following Table it will be noticed that the number of drains unstopped has increased considerably. 148 Drains have been unstopped and cleansed, 64 blocked water closets have been released, and 40 gullies cleansed and unstopped. These figures give a total of 252 nuisances which were abated by the Sanitary Staff, which surely indicates that the progress of allowing the Council's men to carry out this work has been taken advantage of by the general public.

At the present time it is the practice of Householders to acquaint this office as soon as they become aware that their drains, closets or gullies are blocked whereupon instructions are given to the Sanitary Staff to attend to the matter forthwith with the result that instead of having to wait weeks for the owners to attend to these matters the same is carried out within twenty-four hours of the complaint.

So much for the advantages of this system, but it has its disadvantages, the main appears to be that a percentage of the persons concerned with the use of the sanitary arrangements abuse this

privilege with the result that many an hour is wasted when men are sent to cleanse gullies which have been blocked owing to the gross carelessness of the tenants in putting tea leaves and other such articles down the drain which should have been burned or placed in the ashbin.

Whilst dealing with this question there is also the question of water closets. In many instances in this District blocks of six or more closets are to be found situated in some out of the way corner in which places children appear to delight in playing, with the result, that as many of the doors of the water closets are open the children periodically obtain a certain amount of pleasure in throwing brickbats and old tins, etc., into the water closet pan, with the result that at an early date we are called upon to remove these articles from the drains. If only we could have the doors closed and the windows open a far better state of affairs would exist.

TABLE 1.
NUISANCES ABATED DURING PAST 5 YEARS.

NUISANCES.		1921.	1922.	1923.	1924.	1925.
1.	Number of stopped drains cleared ..	54	60	95	98	148
2.	„ „ stopped water closets cleared	10	28	20	56	64
3.	„ „ stopped gullies cleared ..	2	..	16	32	40
4.	„ „ house drains relaid ..	3	36	6	6	4
5.	„ „ new sink pipes inserted ..	7	8	3	4	14
6.	„ „ water closets repaired ..	20	33	13	13	16
7.	„ „ eavesguttering repaired ..	10	21	6	3	17
8.	„ „ rainfall pipes repaired ..	8	8	4	1	14
9.	„ „ house roofs repaired ..	37	9	9	6	21
10.	„ „ flooded cellars remedied ..	12	10	5	7	9
11.	„ „ cases of waste water remedied	38	11	5	4	4
12.	„ „ offensive accumulations removed	5	8	6	6	4
13.	„ „ inspection chambers inserted to drains	99	150	109	173	115
14.	„ „ defective ashbins renewed ..	15	91	41	37	59
15.	„ „ privy middens abolished ..	106	145	105	171	113
16.	„ „ miscellaneous nuisances abated	74	81	19	17	13
Totals ..		500	699	462	634	655

HOUSING.

As the Tables dealing with this part of the question contain a considerable amount of information I will leave them to speak for themselves.

TABLE 2.

**DETAILS OF DWELLING-HOUSES IN REGARD TO WHICH
CLOSING ORDERS HAVE BEEN SERVED, 1921 & 1922.**

No. of Houses.	Position.	Date Order became operative.	Result of action taken, and if occupied Dec., 1924.
2	2 and 3, Blacksmith Yard, Rothwell	25/5/21	Demolished, December, 1924.
1	6, Oulton Lane, Rothwell ..	25/5/21	Demolished, November, 1921.
1	Thatched Cottage, Royds Green	25/5/21	Occupied and not repaired.
3	32, 34 and 36, Leeds Road, Lofthouse	25/5/21	Occupied and not repaired.
1	Bell Hill (top of)	25/5/21	To be demolished when tenant vacates. Still occupied.
2	9 and 11, Gardener's Arms Cottages, Lofthouse	25/5/21	To be demolished when tenants vacate.
2	1 and 2, Chapel Yard, Ouzlewell Green	21/7/21	Thoroughly repaired and renovated, and Order rescinded.
7	1, 2 and 10, Pottery Fold, Rothwell	21/7/21	Part repaired.
	57, 58, 59, 60, Commercial Street, Rothwell		Part repaired.
3	1, 2 and 3, Beck Bottom, Thorpe Lane	21/7/21	2 vacant since Closing Order and 1 occupied. Not repaired.
1	Thorpe House Farm Cottage, Thorpe	21/7/21	Repaired and Closing Order rescinded.
4	1, 2, 3 and 4, Coronation Yard, Carlton	22/8/21	1 occupied and 3 vacant since Closing Order. To be demolished.
2	12 and 14, Church Street, Rothwell	18/8/21	Purchased by Council, 1923. 1 vacant. 1 occupied. To be demolished.
1	5, Bennett's Yard, Marsh Street, Rothwell	18/8/21	Vacant since Closing Order, Schedule of repairs supplied to owner by request.
2	1 and 2, Dobson's Place, Rothwell	18/8/21	Houses repaired and Closing Order rescinded.
1	61, Commercial Street, Rothwell	18/8/21	Part repaired.
3	26, 28, 30, Westgate Lane, Langley	2/11/21	Part repaired. 1 Vacant. To be demolished
2	103, 105, Wood Lane, Rothwell Haigh	14/11/21	Repaired and renovated, and Closing Order rescinded.
6	5, 6, 7, 8, 9, 10, Windmill Street, Rothwell Haigh	12/10/21	2 occupied and not repaired, 3 vacant.
7	3, 4, 5, 6, 7, 8, 9, Jail Yard, Rothwell	18/8/22	Part repaired.
51			

53
TABLE 3.

SUMMARY OF IMPROVEMENTS TO DWELLING HOUSES UNDER THE HOUSING ACTS.	No.
Improvements for external dilapidations or to prevent dampness, such as repairs or renewing of gutters, rain-water pipes, walls, provision of open areas, etc.	124
Improvements for internal dilapidations or defects, including repairs and renewals to floors, walls, ceilings, windows and provision of food stores	146
Improved means of ventilation to living rooms and food stores, such as insertion of air grates, etc.	22
Improvements to closets and ashpits, including the conversion of privies into water closets, substitution of ashbins for ashpits, additional means of closet accommodation, etc. . .	11
Improvements to drainage, including drains relaid, chambers inserted, ventilation provided, etc.	10
TOTAL	313

TABLE 4.

SITES.					LAY-OUTS.	
Site.	Applications Submitted.		Applications Approved.		Sub- mitted.	Approved.
	No. of Houses	Acreage	No. of Houses	Acreage	No. of Houses	No. of Houses
Rothwell Haigh	270	48.830	270	48.830	270	270
Thorpe ..	100	12.000	100	12.000	100	100
Carlton ..	105	13.769	105	13.769	105	105
Lofthouse ..	196	30.271	196	20.271	196	196
Total ..	671	104.870	671	94.870	671	671

TABLE 5.

	Rothwell Haigh Site.	Leadwell Lane Site.	Thorpe Site.	Lofthouse Site.	Total.
Total Houses built and occupied during 1920 ..	6	..	..	..	6
Do. do. 1921	50	6	..	..	56
Do. do. 1922	34	..	8	6	48
Do. do. 1923	..	6	6	..	12
Do. do. 1924	26	..	..	..	26
Do. do. 1925	32	16	12	12	72
Houses in course of erection Feb., 1926	18	16	..	12	46
Total ..	166	44	26	30	266

APPENDICES.

HOUSING CONDITIONS STATISTICS.

Year ended 31st December, 1925.

Number of New Houses erected during the year :—

(a) Total	88
(b) As part of a municipal housing scheme	72

UNFIT DWELLING HOUSES.

I.—Inspection.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	124
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910	90
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	0
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation	115

II.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	39
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III.—Action under Statutory Powers.

A.—Proceedings under section 28 of the Housing, Town Planning, &c., Act, 1919 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..	5
--	---

(2) Number of dwelling-houses which were rendered fit :—	
(a) By Owners	11
(b) By Local Authority in default of owners	0
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	1

B.—Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	63
(2) Number of dwelling-houses in which defects were remedied :—	
(a) By Owners.. .. .	42
(b) By Local Authority in default of owners	0

C.—Proceedings under sections 17 and 18 of the Housing, Town Planning, &c., Act, 1909 :—

(1) Number of representations made with a view to the making of Closing Orders	0
(2) Number of dwelling-houses in respect of which Closing Orders were made	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit	0
(4) Number of dwelling-houses in respect of which Demolition Orders were made	0
(5) Number of dwelling-houses demolished voluntarily after service of Closing Order	8

FOOD SUPPLY.

During the year, 28 samples of food stuffs have been taken the details of which are set out below :—

Samples of New Milk analysed for purity and adulteration	10
Samples of New Milk analysed for dirt present ..	10
Samples of New Milk analysed for Bacteriological Examination under the Tuberculosis Order, 1925	2
Samples of Foods for adulteration	6

The whole of the Milk Samples analysed were in the opinion of the Analyst of genuine quality.

Regarding the amount of dirt present the results are : seven were “reasonably clean” having an average of 13 parts per million dirt, whilst three were “passably clean,” having an average of 23 parts per million dirt.

Although the number of milk samples taken is small the results surely prove that the labours of the Veterinary Inspector and myself in endeavouring to obtain cleaner methods of production, have not been in vain.

The two samples taken for bacteriological examination were from a cow which the Veterinary Inspector suspected to be suffering from Tuberculosis. Both samples, I am pleased to state, were returned as “negative.”

The food samples consisted of six samples of sausage, five of which were “genuine,” while the remainder had an excessive amount of boracic acid present. The vendor of the sausage in question was severely reprimanded, but his explanation was entirely satisfactory, and accepted.

Cowsheds and Milk Cattle.

All the cows and cowsheds have been inspected three times during the year. The sheds have been found in a cleanly condition, and in every case have been limewashed regularly. Several improvements to ventilation and to the floor construction have been carried out to the advantage of both owner and cow.

The cows continue to show an improvement, thanks to the efforts of the cowmen, who are at last realising that in order to obtain the best results every animal must be kept scrupulously clean.

The Veterinary Inspector's Report is as follows :—

“ During the year 1925, 732 Veterinary examinations of cows have been made in the above District, the number is gradually increasing.

Nine animals were found affected with diseased udders and the milk stopped, the diseases were chiefly tubercle and suppurative mammitis.

The general condition of the herds and sheds is maintained and in several instances much improved, this and the removal of the diseased cows can only be accomplished by regular Veterinary Examination of cows' udders.

(Signed) SAMUEL WHARAM, M.R.C.V.S.”

Meat Inspection.

In my opinion this is the most important duty which I have to perform, and it has been carried out during the period under review without the slightest friction. The local Butchers have rendered every assistance possible, and are to be congratulated on the manner in which they have carried out the much discussed Meat Regulations of 1924.

For fuller information as to the inspections, etc. I must refer you to the Tables.

TABLE 6.

TOTAL NUMBER OF CARCASSES INSPECTED DURING THE PAST FIVE YEARS.

NATURE OF CARCASE.	1921.	1922.	1923.	1924.	1925.
Home killed Beef	653	637	628	682	667
Home killed Veal	7	22	20	14	30
Home killed Mutton	785	582	576	720	726
Home killed Pork	142	357	391	446	433
Imported Beef Quarters ..	104	109	173	88	76
Imported Mutton	64	78	114	85	51
TOTALS	1,755	1,785	1,902	2,035	1,983

TABLE 7.
DETAILS OF DISEASES ON ACCOUNT OF WHICH MEAT WAS
CONDEMNED.

Causes of Seizure.	No. of Seizures.	Weight in lbs.
Tuberculosis in Pigs	2	102
Dropsy (Pigs)	1	98
Other diseases	2	7
Tuberculosis in Beef	1	17
Parasitic and other diseases (Beef)	11	293
Total	17	517

Premises where Food is prepared.

There are five Registered Slaughter Houses in the area, all of which have been kept in a proper manner. Bakehouses, Fish Shops and other premises have been inspected, some of which have given rise to complaints of a minor character, which have been promptly remedied.

SANITARY CONVENIENCES.

I am again able to report excellent progress in the matter of the abolition of the privy middens by the substitution of water closets and ashbins as will be gathered from the following information :—

Privies abolished—that is converted into water closets or demolished	173
Water Closets provided in lieu of the 173 Privies ..	190
Privy Middens abolished—that is converted to other purposes or demolished	113
Privy Middens converted into Dry Ashpits	59
Portable Ashbins provided in lieu of Fixed Ashpits	119
No. of dwelling-houses affected by the above change	238

Total Privies to be converted January 1st, 1921	..	1,374
Converted during 1921	.. .. .	220
„ „ 1922	222
„ „ 1923	180
„ „ 1924	277
„ „ 1925	173

Total Converted to December 31st, 1925	1,072
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Leaving a balance on January 1st, 1926	302
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Converted to 31st May, 1926	21
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281

The position in regard to the 281 was as follows:—

No Sewer available..	153
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At present under notice	128
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281

TABLE 8.

DETAILS OF SANITARY CONVENIENCES IN DISTRICT,
31st DECEMBER, 1925.

NUMBER AND TYPE OF CLOSETS.				NUMBER AND TYPE OF ASHPITS.				CESSPOOLS EMPTIED BY SANITARY STAFF.	TROUGH CLOSETS FLUSHED BY SANITARY STAFF.
DRY SYSTEM.		WATER-CARRIAGE SYSTEM.		TOTAL NO. OF ASHPITS ALL KINDS.	ASHPITS CONNECTED WITH PRIVIES	DRY ASHPITS.			
FIXED RECEP- TACLES.	MOVABLE RECEP- TACLES.	FRESH WATER	WASTE- WATER OR HAND FLUSHED.			FIXED ASHPITS	MOVABLE ASHBINS.		
296	6	2,807	134	2,626	194	583	1,849	20	19

Improvements to Sanitary Conveniences during past five years.

Privies abolished—that is converted into water closets or demolished	..	..	..	1,072
Water Closets provided	..	..	..	1,131
Privy Middens Abolished	..	..	..	640
Privy Middens converted to Dry Ashpits	..			289
Ashbins provided	..	..	..	967
Houses affected by the said improvements				1,545

REFUSE REMOVAL.

From the information given previously in this Report you will be able to gather the number and type of ashpits in this District. The whole of the ashpits have been cleansed regularly every two to three weeks, whilst the ashbins have been emptied at least once in every week.

During the months of November and December various alterations were made in the system of collection with the result that an improvement has been effected, but unfortunately to what extent I am unable to state until a period of twelve months has elapsed.

The whole of the refuse was tipped on the land belonging to various farmers in the District, 7,617 loads being disposed of in this manner. During the Summer months some difficulty was experienced in finding suitable tips, but as the Council are now negotiating for the purchase of some seven acres of land I anticipate that the aforementioned difficulty will not now arise for many years to come.

Besides the removal of refuse the following work has been carried out by the Department:—The cleansing of house gullies, cesspools, flushing of urinals, trough closets, public lavatories, and sewers.

DISINFECTION.

Houses are disinfected on the occurrence of infectious disease after removal, recovery, or death of a patient. Special attention being paid to dwellings where Tuberculosis exists. Disinfectants and disinfecting powder can be obtained on application at any of the six depots in the area.

TABLE 9.
SUMMARY OF DISINFECTION WORK.

Number of infected houses disinfected	..	..	..	..	42
" " rooms disinfected	..	..	..	..	72
" " houses disinfected throughout	..	..	..	..	14
" " houses with one, two or more rooms disinfected	..	..	..	..	28
" classrooms disinfected in schools	..	..	..	..	0
" schools disinfected throughout	..	..	..	..	0
" miscellaneous buildings disinfected	..	..	..	..	1
" houses disinfected on account of Scarlet Fever	..	..	..	..	10
" " " " " Diphtheria	..	..	..	..	5
" " " " " Phthisis	..	..	..	..	10
" " " " " Enteric Fever	..	..	..	..	0
" " " " " Other Diseases	..	..	..	..	3
" " " " " Vermin	..	..	..	..	14

Petroleum and Calcium of Carbide.

Five Licences have been granted to store Calcium of Carbide, thirteen have also been granted for Petroleum.

The total amount stored are 16 cwts. 1 qr. 12 lbs. of Calcium of Carbide, and Petrol 72,190 gallons.

Mortuaries.

There are at present two Mortuaries in the District, one at Stourton, the other at Rothwell.

The Rothwell Mortuary which is an entirely new structure has now been thoroughly equipped, and is, I am told by the Coroner, the best of its kind for miles around.

Public Lavatory.

The long felt want of a Public Lavatory at Rothwell has now been gratified. Accommodation has been provided for both sexes, and has been fully appreciated.

In concluding this Report I would like to express my thanks to the Chairman and Members of the Sanitary Committee for their interest and support throughout the year, the Medical Officer of Health and other Officials, especially Miss Ward, for their unfailing help and courtesy.

I am, Gentlemen,

Your obedient Servant,

R. R. DICKER.

Rothwell Urban District Council.

ANNUAL REPORT

OF THE

HEALTH VISITOR, AND SCHOOL NURSE FOR THE CARLTON,
AND LOFTHOUSE-WITH-THORPE DISTRICTS.

for the Year 1925.

*To the Chairman and Members of the Rothwell Urban District Council,
and to the Chairman and Members of the Sanitary and Child
Welfare Committee.*

LADIES AND GENTLEMEN,

I have pleasure in submitting to you my Annual Report on the Maternity and Child Welfare work accomplished in the Carlton and Lofthouse-with-Thorpe districts during the past year.

NOTIFICATION OF BIRTHS.

During the year, 116 births have been notified and visited, 105 of these were attended by Doctors, and eleven by Midwives, 115 births were legitimate, and one illegitimate.

STILL-BIRTHS.

One still-birth occurred during the year, a contrast to 1924, when the number in the districts was ten.

DEATH OF INFANTS UNDER ONE YEAR OF AGE.

It is lamentable to have to record ten deaths.

One occurred at 11 months, Broncho-Pneumonia; this child was an eleventh pregnancy, living in a back-to-back house with only one bedroom and one living room.

Debility of the mother being a pre-disposing handicap to the child, the sixth death in the family, the parents have since removed to a more hygienic house and surroundings.

One death at four months, a twin, the victim of Whooping Cough, with complication of Pneumonia. For people to take a child with a bad cough into a house where there are young children shows certainly a want of fore-thought, if they would not say it is only an ordinary cough and think about the risk of infecting another child, the expense, the loss of rest to the parents, and finally the anguish of losing the child, I am quite convinced there would be less of these infectious cases to report.

One death at three months, Congenital Debility, Tuberculosis and Gastritis. What little chance some of these Tuberculosis children have of surviving even with the greatest care.

One at seven weeks, the mother during her pregnancy had been sick nursing a relative, also as there is Tuberculosis in the family, there was little chance for the baby surviving, Congenital Heart Disease being the cause of death.

Another at seven weeks, a twin, the cause of death being Gastritis, Pemphigus, and Convulsions, there is Tuberculosis in the family, the mother was suffering from heart disease. Maternal feeding was impossible in this case according to Medical advice.

One at one month, Prematurity and Marasmus. Parents were only visitors in the district.

One 13 days, Convulsions being the cause of death, the mother had had an accident during this pregnancy. The child was born in the Leeds Maternity Hospital, and died three days after returning home.

Another seven weeks, Congenital Debility and Pemphigus. Seventh pregnancy. The mother has since died of Pulmonary Tuberculosis.

One at one month, Pemphigus Neonatorum.

One, nine days, acute Dermatitis.

DEATHS OF CHILDREN ONE TO FIVE YEARS OLD.

It is sad to have to record two deaths.

One, one year and one month, Tubercular Meningitis.

Another thirteen months, Broncho Pneumonia. No deaths occurred between the ages of thirteen months and five years.

In 1913 the total number of deaths in the Rothwell area under one year of age was 59.

Over one year and under five, 23.

Total deaths under five years 82.

HOME VISITATION.

Visits to Infants under one year of age	1,080
Visits to Children over one year and under five ..	1,445
Total	<u>2,525</u>

ANTE-NATAL VISITS.

First Visits	26
Total Visits	50

This work is steadily increasing and appreciated, considerable propaganda work is still essential, and is being quietly and effectively carried out.

CHILD WELFARE CENTRE, LOFTHOUSE WESLEYAN SCHOOL.

Sessions have been held Mondays, 2 to 5 p.m. :—

Number held	37
Attendance of Mothers	589
Attendance of Children	521
Average attendance of Infants per session	14

The Medical Officer of Health (Dr. Stevenson) attends alternate weeks.

Advice of a definite educative character is given to each mother in regard to the care, feeding, hygiene, clothing, etc. of the infants, Lectures and Demonstrations are also given.

The Lady Helpers are doing much good work in undertaking the task of registration, weighing the babies, attending to the sale of Cod Liver Oil, Virol, and Dried Milks, the exhibition of model clothing, etc., by so doing they set the Health Visitor free to give her attention to the work of the survey of the babies, the selection of those to be examined by the Medical Officer, and the instructions to mothers. The Lady Helpers do these tasks at some sacrifice of time. Their presence and enthusiasm gives the centre an air of goodwill and communal effort, which of itself is an encouragement to the mothers. The mothers greatly appreciate what is being done for them.

In conclusion I wish to thank the Medical Officer of Health, the Chairman and Members of the Council, and Chairman and Members of the Sanitary and Child Welfare Committee, also the Ladies of the Sub-Committee of the Child Welfare for their kind consideration and help during the past year.

SCHOOL NURSE'S REPORT, 1925.

FOR CARLTON, LOFTHOUSE, ROBIN HOOD AND THORPE DISTRICTS.

Number of Schools visited during the year	..	..	92
Number of Children examined	..	..	5,198
Home Visits	..	..	1,076
Attendance of children at the School Clinic which is held every Friday afternoon, at the Robin Hood Infant School	..	..	806
			<hr/>
			7,172
			<hr/>

The School Medical Officer attends the Clinic, each alternate Friday afternoon.

There has been one death, a school boy nine years of age, from acute Tubercular Meningitis.

In conclusion I wish to thank the Education Sub-Committee, the Head Mistresses, and Head Masters, and Staff, for their interest and assistance, in endeavouring to secure a higher standard of health and cleanliness in the schools.

I remain, Ladies and Gentlemen,

Yours faithfully,

M. E. JOLLY, Cert. S.R.N., C.M.B., H.V. & S.N.

Annual Report for 1925.

Child Welfare, Health Visitor and School Nurse's Report for Rothwell and Stourton District.

*To the Chairman and Members of the Rothwell Urban District
Council and Child Welfare Committee.*

LADIES AND GENTLEMEN,

I have great pleasure in submitting to you my sixth Annual Report on the Child Welfare work done in Rothwell and Stourton district during 1925.

NOTIFICATION OF BIRTHS.

During the year 161 births have been notified, 4 of these being still-born and 157 live births and 3 of these illegitimate.

Births attended by Doctors in attendance 124, by Midwives in Stourton 37, none in Rothwell owing to the prolonged illness of the midwife, but many people will be pleased to hear she is much better and hopes to be able to commence work shortly.

HOME VISITATION.

First visits to Infants after notification of births	..	161
Visits to Infants under 1 year old	.. ..	765
Visits to over 1 year babies (1 to 5 years)	.. ..	1,547
Visits to expectant mothers	.. ..	146
Visits to Tuberculosis patients	.. ..	207
Total Visits	.. ..	<u>2,826</u>

DEATHS UNDER 1 YEAR OLD.

I am pleased to say there are fewer deaths this year. Eight infants died in Rothwell and Stourton, six in Rothwell and two in Stourton.

Four of these died under 1 month, one at 2 months old, two at 6 months, and one at 7 months.

DEATHS DUE TO THE FOLLOWING DISEASES.

One premature infant only lived 4 hours.
 One died of Congenital Debility, 15 days.
 Two died at 1 month, one Acute Bronchitis, and one Broncho-Pneumonia.
 One died at 2 months of Erysipelas Taxæmia in Leeds Infirmary.
 Two died at 6 months from Acute Broncho-Pneumonia.
 One died at 7 months, Gastro Enteritis.

DEATHS 1 TO 5 YEARS OLD.

Nine deaths of children under 5 years old.
 Seven in Rothwell and two in Stourton.
 Four under 3 years from Acute Broncho-Pneumonia.
 Two aged 3 and 4 years from Tubercular Meningitis.
 One, Morbilli, aged 13 months.
 One at 2 years, Gastro Enteritis.
 One accidentally knocked down and run over by motor but in Stourton, died from shock following severe laceration and profuse hæmorrhage, into peritoneal cavity. Inquest held and verdict—Accidental death.

TUBERCULOSIS.

55 cases in Rothwell and Stourton, 19 new cases notified, 11 Rothwell and 8 Stourton. 12 patients lungs affected, 1 hip, 1 ankle, 1 omentum, 1 peritonitis, 1 cervical glands, 2 Tubercular Meningitis. 5 deaths. Nine persons received Sanatorium treatment. Visits to the homes are paid quarterly to all notified cases. Total visits 207.

CHILD WELFARE CLINICS.

These Clinics were held last year weekly, on Monday and Tuesday, 2 to 5 o'clock, at the Council Office, Marsh Street, Rothwell, and St. Andrew's Institute, Stourton, the Health Visitor weighing the babies and advising the mothers individually in regard to feeding of infants and children, 1 to 5 years old. Lectures or short talks have been given on the following subjects. The value of sleep for young children; Constipation; Ante-natal advice; Measles; Infant feeding; Dont's to mothers; Flies and disease; Advise *re* Diarrhœa; Ventilation; General care of Infant's cleanliness and clothing.

The Medical Officer, Dr. Stevenson, attends each clinic every fortnight and examines and advises the necessary treatment if the children are not making satisfactory progress ; several cases have been referred to Leeds Infirmary for minor operations and medical treatment. By the following figures it will be noticed an increased interest is being taken by the mother in the clinic. 781 children attended the Rothwell clinic this year, and 646 last year. 713 attended Stourton clinic this year and 471 last year. 47 meetings at Rothwell and Stourton clinics, average attendance at Rothwell 16.6 and 15.1 at Stourton, last year average attendance at Rothwell 14 and Stourton 10.2.

INFANT FEEDING.

During the past year, the number of mothers breast feeding their babies, has increased, also the number of babies fed on cow milk instead of tinned milk. We had only a few cases of diarrhœa at the end of the summer : and chiefly among the over year babies.

In December the ladies' sub-committee decided to give the mothers attending all the clinics, a tea in December. Each lady gave something, either a cake or buns, etc. Mrs. Wade, the president, gave balloons and caps for the children and boxes of chocolates for prizes for the mother. Both clinics had a good time. I was kept busy until tea time weighing all the babies. The doctor came in and spoke a few words of welcome and good wishes. After tea, music (gramophone) and games.

In March the Child Welfare Committee decided to start an Ante-Natal Clinic. These Clinics are held on Wednesday morning at 11 o'clock in St. Andrew's Institute, Stourton, and on Thursday morning at the Clinic Council Office, Rothwell, on the last Wednesday or Thursday in the month—on alternate months. Dr. Stevenson sees and advises the mothers who come and if a necessary case milk is granted.

Stourton Clinic mothers had an outing to Temple Newsam, on 14th July, 1925. 30 mothers and 33 children took part and thoroughly enjoyed the fine day in the open, and the tour round the beautiful house and grounds. Mrs. Wade obtained permission from Sir Charles Wilson for the mothers to see the lovely old furniture and house free of charge. The Medical Officer, Dr. Stevenson, kindly paid the car fare and Councillor Armitage paid for toys for races. Cups of tea for mothers and milk for children paid with money from small jumble sale. Thanks are also due to Miss E. Todd and Mrs. Jeavons, who helped the Health Visitor with the tea and games and Mrs. Wade for chocolates for the children.

In conclusion I wish to thank the Chairman and Members of the Council and Chairman and Members of the Sanitary and Child Welfare Committee, also all the ladies of the sub-committee of the Child Welfare who have kindly helped to make the clinic meetings a success and a pleasant time for the mothers. To all of these best thanks are offered for the good work done and hoping they will continue to be interested and help in the clinic work.

I remain, Ladies and Gentlemen,

Yours faithfully,

E. ABRAM,

Health Visitor and School Nurse.

SCHOOL NURSE'S REPORT.

The School Medical Officer, Dr. Fleming, examined during November and December, children 5, 8 and 13 years old. If the mothers were not present, when her child was examined, all complaints and defects being notified to the parent by letter, who are advised to at once see their own medical man or go to Leeds Infirmary or Wakefield Dispensary.

Report of school visits and examination of school children in Rothwell and Stourton :—

Number of schools visited during the year	..	..	61
Number of children examined during the year	..	..	3,800
Number of visits to schools <i>re</i> Medical Inspection	..	..	14
Number of visits to children's homes	..	..	454
Number of attendances at School Clinic, Rothwell	..	..	829
Number of attendances at Stourton School Clinic	..	..	2,243
Total	..	..	7,401

SCHOOL CLINICS.

The School Clinics are held on Wednesday afternoon, at Stourton Infant School, and on Friday morning, at the Church School Mixed Department, Rothwell. The School Medical Officer, Dr. M. Russell attending the clinic once a fortnight for the first part of the year, and Dr. Fleming attended at Rothwell clinic the latter part of the year. We all deeply regret Dr. Russell being

transferred to another district when she was doing good work among the Rothwell and Stourton school children, she had gained the confidence of the mothers and sick children. Many cases have been examined and referred to their own Medical man or to Leeds Infirmary or Wakefield Dispensary.

Details of diseases attended to at the school clinic. Number of children suffering from the different complaints and attendances.

Disease.	No. of Children at Clinics.		Total Attendances.	
	Rothwell.	Stourton.	Rothwell.	Stourton.
Ringworm Head	12	17	147	280
Ringworm Body	7	5	26	15
Impetigo	46	46	166	210
Other Skin diseases ..	10	5	29	46
Minor Injuries	60	50	105	276
Ear Diseases	8	28	163	604
Eye external	11	33	23	369
Defective Sight	22	10	47	29
Miscellaneous	81	99	121	414
TOTALS	257	293	829	2,243

DENTAL CLINIC.

The School Dentist attended twice during the year, a clinic being held in the Church School, Rothwell, and the Infant School, Stourton. The dentist examined the children's teeth and the dental nurse sent out forms to the parent informing them of the necessary treatment advised. The parent is asked to sign giving consent and promising payment of 1/-, this includes anything that is needed to be done, some teeth are stopped and others extracted, or both in a few cases. Necessitous cases are done free on application in writing from the parent, giving reason or particulars of the case.

OCULIST CLINIC.

The school oculist Dr. Stobbart attending Rothwell, examining the children for defective vision from Carlton, Stourton and Rothwell, all school children can get glasses supplied at a cheap rate being examined by the school oculist or attending Leeds Infirmary and then sending the prescription card to the school clinic, or County Hall, Wakefield. A form is then sent to the parent with particulars of cost for their particular lenses and the name and address of the optician given for the parent to send postal order direct. Necessitous cases being brought before the School Committee and recommended to Wakefield to be granted free.

In conclusion I wish to thank the school committee and Head Mistresses and Head Masters for the help and assistance in bringing to improve the health of the school children.

I remain, Ladies and Gentlemen,

Yours faithfully,

E. ABRAM,

Health Visitor and School Nurse.

